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for healthy skin

For clean healthy skins.

Drug store
sales gaining
on pharmacies

BP Conference:
reports and
C & D Medal

Death of
Bernard
Coulson

Pharmaceutical
exports still
declining

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Fantastically successful
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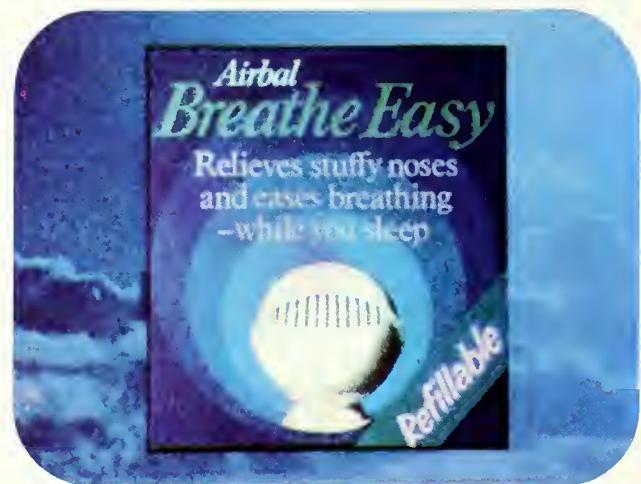
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September 22 1979

COMMENT

Dear Mr Jenkin . . .

During your address to our Exeter conference you gave us pause to reflect at how times have changed since the summer of 1978—is it already a year ago?—when you told the House of Commons: "Pharmacists have been greatly provoked. It is really now up to the Government to respond constructively to the demands that have come from all sides of this House."

But at Exeter your words prepared us for the worst in our hopes for rational location through NHS contract limitation, and I note also your views about the prospects for a solution to the rural area dispensing problem: "My Department is looking with renewed effort at the comments on the Clothier proposals, and we shall have to come to a conclusion as to whether a statutory system of regulation has to be introduced. It is my hope that the professions will be able through a measure of goodwill and unselfishness to make a voluntary system work satisfactorily."

Years ago, I hoped that too. I even renewed my hopes when the doctors and ourselves agreed to a gentlemen's agreement to effect materially the status quo while the division of responsibility was sorted out once and for all. But at the end of the line there always had to be legislation because there are genuine disagreements about the patient's best interest—and of course, some in both professions whose actions are not always guided entirely by those motives of "goodwill and unselfishness."

But now you seem to be removing the prop that supports the Clothier voluntary "standstill," for it is expecting too much of the professions to reconcile the conflicting interests for ever without means of disciplining the transgressors. Only when the patient's interest is made paramount, and enforceable, can there be a long-term solution.

Please look carefully at the history, Mr Jenkin, and see that we need a politician's decision and action. Look at Clothier; look at Tetbury, but above all look at what is happening now. On Anglesey a rural pharmacy is to close; a doctors' practice intends to dispense, despite the setting up of a collection-and-delivery service from the nearest pharmacy—and who is to say that none of the five other pharmacies likely to be affected will be tipped over that cliff-edge of non-viability? There are other cases so far unpublicised, I am told. Yet you indicated to our conference, Mr Jenkin, that you were "convinced we must maintain an adequate network of pharmacies to meet patients' needs."

Pharmacists hope great things from you, Mr Jenkin. You have inherited a rock-bottom pharmaceutical service and we believed you might be the Secretary of State who said: "The buck stops here." Our plea is not that you save our businesses, but that you save our service. You seem to know it's worth saving—after all, it's the public, the voters, who have told you so. Please reassure us that your expressed beliefs are not platitudes, and that your debating points were not merely a vote-catching play. Yours sincerely. . . .

Undermining the 'standstill'?

A two-doctor practice on Anglesey is to commence dispensing from October 1 despite a plan to provide a prescription collection-and-delivery service to replace a pharmacy about to close.

A meeting of Gwynedd FPC hours of service—dispensing subcommittee recently gave support to the proposed collection service for a three-month trial period, but despite the committee's resolution the doctors intend to dispense from October 1, as soon as the pharmacy has closed down. They have told the committee that otherwise their patients would not receive an adequate service because the nearest pharmacy to the surgery—the one to be involved in the collection service—is six or seven miles away.

However, some Anglesey pharmacists are expressing concern that the introduction of doctor dispensing could have further consequences since five pharmacies in the surrounding area are protected only by the "rule limit". Mr R. N. Thomas of Holyhead—who is not affected—also pointed out this week that once dispensing started the area might become "closed" from the point of view of pharmaceutical practice under the Clothier "standstill".

The Pharmaceutical Services Negotiating Committee is aware of the problem and has requested that it be discussed by

the National Joint Committee on Rural Dispensing which is due to meet on September 27.

Dixons releasing £4m from sale of Westons shops

Dixons Photographic Ltd expect to release over £4 million in funds by selling off many of the Westons Chemists branches. According to the annual report published last week, by April 28, 1979, 13 branches had been sold, and terms agreed for the disposal of a further 68.

The major reorganisation to contain overheads and to produce a more viable chain of shops also involved cessation of Westons own distribution with Barclays and Branded Goods, Dixons Wholesalers, assuming the role. Barclays suffered from keen competition and market uncertainty surrounding the future of resale price maintenance, the report says.

Reduced margins placed the emphasis on low-cost distribution and Barclays were rationalising the network.

In his review, chairman Mr Stanley Kalms, says Dixons are committed to improving the profitability of the pharmaceutical division, but it should be

noted that its profit is less than 8 per cent of the group's total.

Commenting on the recent Sangers action concerning the purchase of shares in Westons, in which Dixons were named as a defendant, the report says the directors totally reject the claim and have been advised by counsel that there is no likelihood of any liability arising in consequence of it.

□ Another former Westons executive Mr David Plumb, has confirmed that he has taken over one of the Weston pharmacies. From August 13 he has been at the High Street, Bishop Waltham, Hampshire.

Six more Weston's shops have also changed hands in the past few weeks. They are in Bath, Aylesbury, Rickmansworth, Cranleigh, with two in London, SE4 and SW4.

Vestrict order 250 terminals

Vestrict have placed an initial order for 250 microcomputer terminals valued at £200,000 with UCSL Microsystems Ltd. The number is expected to rise to 1,000 next year. UCSL have already supplied 1,500 terminals to Unichem.

The hand-held terminal will form part of Vestrict's "Vantage System" providing automatic stock control and management information to independent pharmacies. The terminals will replace cassette recorders into which retailers previously read orders. Use of the cassette was limited by the environment and tapes had to await collection by the Vestrict delivery driver. The terminal will enable the retailer to order at any time and will speed the relaying of the order to the warehouse, Vestrict say.

Only one loss from Register

There was a net loss of only one pharmacy from the Register in August. In England 24 closed down, one of which was in London and 20 opened up, seven being in London. In Scotland three opened up and in Wales, three opened up balancing the three that closed down.

Telegram to PM

Mr I. Libbish, a Bradford, Yorks, pharmacist has sent the following telegram to Mrs Margaret Thatcher, the Prime Minister: "Please confirm £140 million overpaid to oil companies will be recollected as was £16m from pharmacists".

LPC meeting delay

The conference of local pharmaceutical committees planned for November 25 has been postponed until January 27. The later date should give LPCs the time to consider the report of the independent assessment panel on contractors' remuneration which is expected in late autumn.



Drug stores gain on pharmacies

Drug stores have been gaining ground on pharmacies in cash sales throughout 1979, according to surveys from the A. C. Nielsen research company.

In the latest *Retailer Bulletin*, drug stores held 20.2 per cent of cash sales (£18.7 million of £92.5m) during the May-June period while pharmacies had 79.8 per cent (£73.8m). During the March-April and January-February periods drug stores achieved 19.6 per cent and 17.8 per cent respectively.

Average weekly cash sales for May-June rose to £966 from £892 in March-April. Multiples and Co-operatives (excluding Boots) increased to £1,190 (£1,122), independent pharmacies £842 (£781) and drug stores £1,462 (£1,310).

In pharmacies, NHS represented as a proportion of total turnover fell back to 65.6 per cent for independents (from 67 per cent during the previous period) and to 52.7 per cent (52.8 per cent) for multiples and Co-ops.

The total cash and NHS increased to £204,019,000 (from £196,448,000) with multiples and Co-ops holding 13.9 per cent (13.6 per cent) or £28,272,000 and independents 86.1 per cent (86.4 per cent) or £175,747,000. Multiples and Co-ops dispensed an average 2,263 prescriptions in April and 2,385 in May, and independents dispensed 2,734 in April and 2,843 in May.

Year-on-year comparisons are not strictly valid because of a change in data base at the end of 1978.

Injunction for ICI

ICI have obtained an interlocutory injunction against Racey's, a chemist in Gorleston, Great Yarmouth, to prevent any further sale or supply of propranolol tablets which infringe ICI's rights. The origin of the tablets is not known. A further hearing was to take place on Wednesday after *C&D* went to Press.

ICI have advised patients on treatment and who are concerned that tablets they are taking may not be correct, to contact their doctor or pharmacist.

Equipment show

Equip'mag 79, the international shopfitting and trade equipment exhibition, is to be held in Paris on October 25 to 29, at the Parc des Exposition Porte de Versailles. The previous show featured 373 exhibitors and attracted 32,814 visitors.

A joint venture scheme by the Shop and Display Equipment Association is being supported by the British Overseas Trade Board and will give the 18 British companies taking part the opportunity of exhibiting at reduced cost.

Brian Ellis receives the C&D Award from the Society's president, Mr David Sharpe, at the Conference closing session—but he was in for a disappointment too . . .



C&D Award goes to hospital pharmacy

The Chemist & Druggist Medal and Award for Research have this year gone to hospital practice. Mr Brian Ellis, who is shortly to take up the posts of principal and district pharmacist at the Northern General Hospital, Sheffield, receives the Award for his presentation of the paper "An evaluation of a system for controlling medicines brought into hospitals by patients" to the practice session at the British Pharmaceutical Conference in Exeter last week.

Difficult decision

Making the announcement at the Conference closing session, the president of the Pharmaceutical Society, Mr David Sharpe, said the adjudicating committee

... Mr Ellis reflects on what should have been, but wasn't. The police have the C&D Medal as evidence; our 1979 medalist has the case, full of . . . promise? He has been assured that when the medal does materialise he will receive it, suitably inscribed.



had found great difficulty reaching a decision. "With a number of papers of high quality and well presented, they had a choice of candidates who more than met the requirements for the Award." Mr Sharpe went on: "The committee hopes that the large audiences, the vigorous discussion and the warm reception given to the papers at this year's pharmacy practice research session, as in 1977 and 1978, will encourage a greater number of authors to submit contributions for the corresponding session in Newcastle in 1980."

Bombshell

Mr Sharpe then dropped his "bombshell" to Mr Ellis—"a minor disaster" said the president. With the C&D Award for £50 goes a medal and unfortunately that had recently been stolen along with other items when C&D's offices were burgled. However, the police had recovered everything—but were holding the items, including the medal, as evidence. "So," said the president to audience laughter, "at some time in the future, Mr Ellis . . ."

Mr Ellis graduated from Chelsea school of pharmacy in 1968 and spent his preregistration year at Redhill Hospital. He then moved to Westminster Hospital, London, first as pharmacist and later as staff pharmacist. In 1972 he became principal pharmacist at St George's Hospital SW1, transferring to St George's, Tooting, as district pharmaceutical officer in 1974.

Correction

In Mr I. C. Taylor's practice research paper (*C&D* September 15, p401), 277 of the prescriptions were for non-repeat items, not 377 as stated. The 132 items given without the patient seeing the prescriber, therefore represented 48 per cent rather than "over one third" as suggested.

Pharmaceutical exports still falling

Pharmaceutical exports in the first half of 1979 totalled £309.3m, a decrease of 5.3 per cent compared to the figures for the first six months of 1978. Imports rose by 14 per cent to £108m. The pharmaceutical balance of trade surplus at £201.3m was down 13.4 per cent compared with the first half of 1978 (£232m).

A spokesman for the Association of the British Pharmaceutical Industry said the decrease in exports was due mainly to substantially reduced trade with Nigeria and Iran; the effect of the lorry drivers' dispute at the beginning of the year; and the strength of the pound.

Tesco offer coupons on toiletries

Tesco are currently running a coupon redemption offer in conjunction with the *Daily Mirror*. Toiletries are included in the offer, which will run for 10 days, and the items change daily. This week's offers included Gillette Contour cartridges (10p off), Vosene shampoo, Lucozade, Silvikrin hairspray, Aquafresh toothpaste and Ribena. Next week's items include Bodymist roll-on and aerosol, Imperial Leather soap, Ultrabrite toothpaste and Dr White's. Regional advertising and local radio will be used to back-up the campaign. The coupons are redeemable until October 6.

Golf meetings

Two sponsored meetings of the South London and Surrey Pharmacists Golfing Society were held recently. At the first, on August 1, sponsored by Thomas Kerfoot & Co Ltd, the Kerfoot Gazebo was won by Mr F. Needham, MPS. The second meeting, on September 12, was sponsored by Johnson & Johnson Ltd. The Founders Trophy and President's prize was won by Mr D. Deighton, MPS, and the Johnson and Johnson first prize by Mr B. Lyons.

FDA accept safety of Naprosyn

The US Food and Drug Administration has accepted Syntex scientific data demonstrating the safety of Naprosyn and has abandoned all proceedings to remove the product from the market. The FDA notice, states that "Naprosyn tablets have been evaluated as safe and effective for use in relief of the signs and symptoms of rheumatoid arthritis".

The controversy over Naprosyn began in July 1976 during US Senate hearings when the FDA alleged deficiencies in a long-term study of Naprosyn in rats performed for Syntex by an independent contractor during 1969-1971. In October

1976, the FDA sought to remove Naprosyn from the US market by publishing a notice of opportunity for a hearing (NOH). In August 1976, Syntex began a repeat long-term study of the drug in rats in its own laboratory. This study was completed in August 1978, and a report of the results was submitted to the FDA at the end of October 1978.

PSNI Inquiry

The Statutory Committee of the Pharmaceutical Society of Northern Ireland will meet at 73 University Street, Belfast, at 3 pm on September 26, to inquire into the case of a member of the Society who has been convicted of offences under the Medicine Act 1968, and Regulations made thereunder.

DEATHS

Bernard Coulson: Friend of young proprietors

Mr Horace Bernard Coulson, FPS, FSMC, FSHAA, a former chairman and treasurer of the National Pharmaceutical Association and its Union predecessor, died suddenly at his bungalow at Mudeford on Sunday September 16. He inherited the family business at 71 Bridge Street, Cambridge, which is situated in the college area, and remained a director following his retirement two years ago. Aged 72 he completed 50 years on the Society's register on July 8 this year.

During his working life Mr Coulson had been a practising optician and hearing aid consultant as well as a pharmacist. Over the years he had contributed a number of articles to *Chemist & Druggist*, particularly on business opportunities for younger pharmacists.

Mr J. Wright, director, NPA Group, writes: "Mr Bernard Coulson, entered pharmaceutical politics during the war years when he assumed the secretaryship

PEOPLE

Mr William Pate, principal pharmacist, Queen Mary's Hospital, Roehampton, London SW15, and **Miss Josephine McKim**, staff pharmacist, Epsom District Hospital, have been jointly awarded the Nicholas Award for 1979 by the Guild of Hospital Pharmacists for their work on the compilation of a "Handbook for ward pharmacists". **Miss Angela H. Milne**, staff pharmacist drug information, North West Regional drug information service, St Mary's Hospital, Manchester 13 has been awarded the Janssen Award for 1979. Miss Milne will evaluate the usefulness of information bulletins in developing the pharmacist's role in health education.

of the Cambridge branches of the Pharmaceutical Society and the National Pharmaceutical Union. This led to his being elected to the NPU Executive Committee on the retirement of Mr John Evans in 1944. He was immediately appointed to the NPI Committee, where he was one of the instigators of the cost-plus contract. Indeed he was proud of the fact that his own salary as a proprietor pharmacist was the actual figure taken into the first official calculation of the notional salary.

"Bernard was to maintain his keen interest in NHS matters and the economics of pharmacy throughout the whole of his 33 years as a member of the NPA Executive Committee/Board of Management. He became chairman in 1950-51 and was treasurer from 1968 until his retirement from the Board in 1977.

"His interest in economics and accountancy led him to write several papers for publication, mostly with the object of attracting many young pharmacists into proprietorship. To this end he produced the first draft of what was eventually to become the Union's most popular booklet: "Pathway to Proprietorship"—later renamed "A Successful Business".

"It was natural that a strong interest in staff should spring from Bernard's

Continued on p429

Mr Peter Phillpotts, whose death was announced this week (p429), was active to the last. He is seen here (centre) on the stand at the Agricultural and Veterinary Group at the Exeter BP Conference



Very soon lots of people will be in asking for your Friends.



Big new national advertising campaign starts this Autumn.

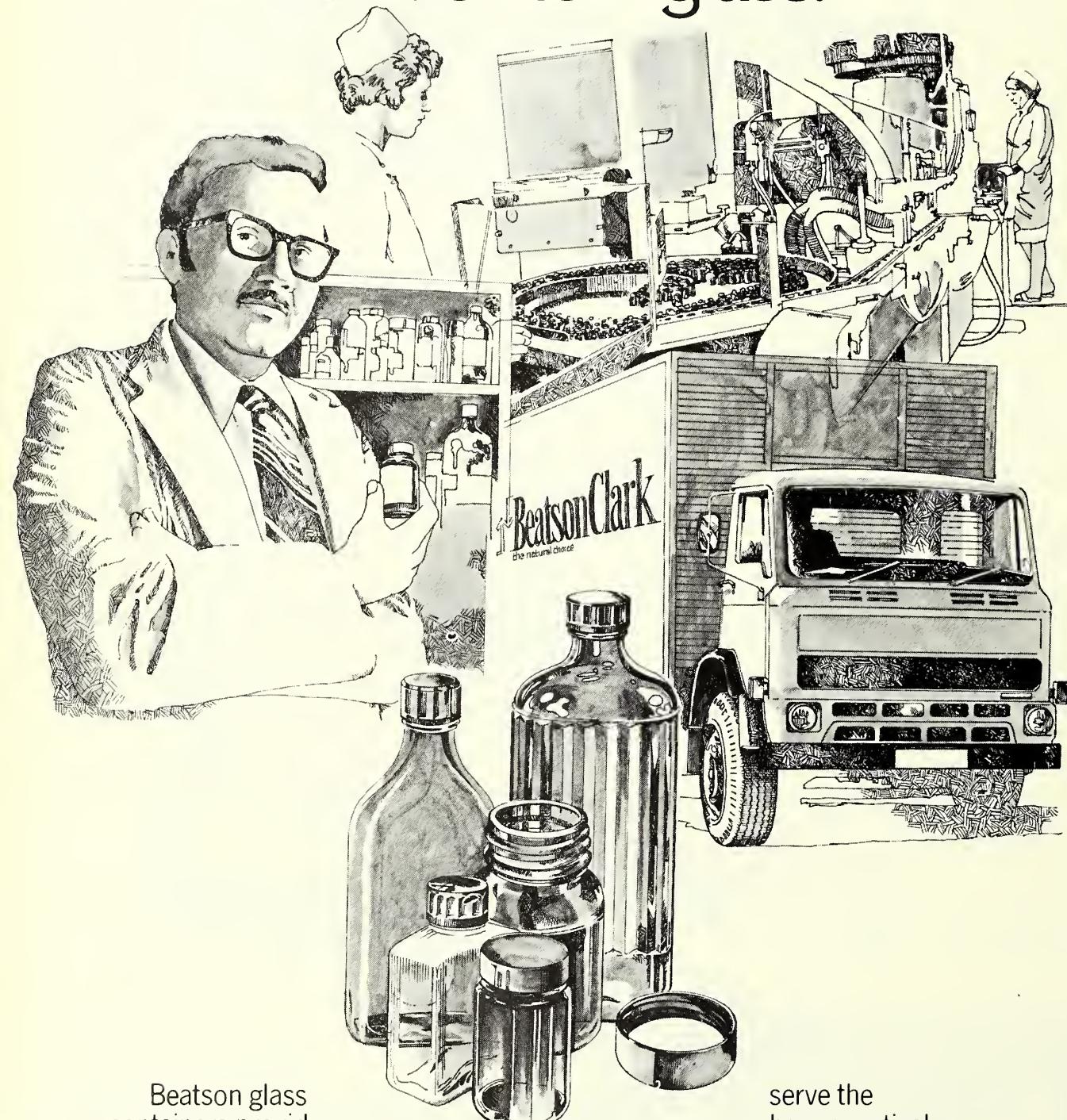
More and more people are discovering Fisherman's Friend, the first choice for soothing throats and clearing heads.

Make sure you cash in - keep plenty in stock. Available in 24 packet outers.

Also available: Fisherman's Friend Honey Cough Syrup and Fisherman's Friend Rubbing Ointment.

Lofthouse of Fleetwood Limited, Dept CD Fleetwood, Lancs Tel: Fleetwood 2435.

Beatson Clark- confidence in glass.

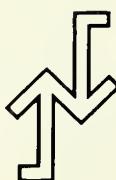


Beatson glass containers provide the necessary protection for packaging pharmaceutical products, in white flint and amber glass.

Beatson Clark have been making glass for two centuries and today

serve the pharmaceutical world with most types of medicinal glass containers.

Ask your wholesaler.
Beatson, Clark & Co. Ltd.,
Rotherham, S. Yorks. S60 2AA
Tel: 0709 79141 Telex: 54329



Deaths

Continued from p 426

interest in promoting the image of pharmacy, and he drafted many of the original sections of the NPU staff training course. He subsequently became a founder member and chairman of the Pharmacy Assistants Training Board and later chairman of the City and Guilds advisory committee on the pharmacy technicians examination.

"Over the 31 years that I met him regularly, I admired the quiet, dignified and gentlemanly way in which Bernard fought on behalf of the profession generally and general practice pharmacists in particular. Painstaking research into current problems, coupled with sincerely held convictions and a quiet determination to carry others with him in discussion, marked his unique approach. He will be sorely missed by pharmacists, not only in his own area, but throughout the country."

□ The funeral will be held on September 24 at Holy Trinity Church, Market Street, Cambridge, 2.15pm.

Peter Phillipotts: champion of 'ag and vet'

The death was also announced this week of Mr William Peter Bartlett Phillipotts, FRS. Among his many interests, he was chairman of the Buckinghamshire Local Pharmaceutical Committee and Family Practitioner Committee, a member of the Pharmaceutical Society's agricultural and veterinary group committee and past-chairman of the Society's Northampton Branch. In Milton Keynes, where he lived and worked, he served on the occupational Health Trust and the Workshop Trust. He registered in 1938 and was designated a Fellow in 1972.

Mr John Lane, MPS, his business partner, writes:—

Peter Phillipotts was much loved by both his staff and colleagues in his many interests. He was well known throughout the country and was always ready to help fellow pharmacists. There will be much sadness at the loss of such a pharmacist and personality.

Mr Phillipotts helped many pharmacists who wished to set up in agricultural and veterinary produce, through both example and advice—experience gained in his business was outlined in the recent *C&D* special issue on "ag and vet" pharmacy.

J. P. C. Currie: on August 26 in hospital after a short illness. Jim Currie was formerly sales manager of Maws Ltd and recently general manager of the Barnet factory.

Reilly: Mr Thomas Reilly, MPSNI, of Nazareth House, Belfast, died recently. He served his apprenticeship with Mr H. Crossin, Donegall Street, Belfast and up to his retirement eight years ago had his own business at 4 Bridge Street, Bangbridge, for over 45 years.

TOPICAL REFLECTIONS

by Xrayser

Our choice

I have had a letter (and they are always welcome) which I will quote almost in full. It begins: "I would like to tell you about a "good turn done to me by Beechams" and goes on to say that because of a sudden need for stock the writer telephoned the rep asking that he come down quickly to do an order. "Result: nothing! I then rang the firm, twice, asking for this rep to call. Result: nothing! In desperation I phoned the area sales manager, who expressed his apologies and promised priority delivery. Result: nothing. I gave up and went into a hurt sulk. I foolishly thought that a customer who bought 90 dozen Ribena (at a time) was a valuable client to this company. Today, who should roll up but the Beecham rep who announced himself, in a sing-song voice "Beechams". Being in paranoid mood, I replied that we were "OK this time thank you" (sulk-sulk) "Bye-bye, then" he says, and off he trots, completely oblivious of our disgust."

My correspondent goes on "This is where the good turn comes in. When these massive orders used to come in from Beechams, it was always muggins (ie me) who had to hump them into the storeroom, and mess about with the empties, and on top of that, sell them almost as loss leaders. For the past month I have been without their drinks. Trade is just the same . . . the penny has dropped. By the way, have you noticed how Numark and Unichem etc bash Beechams gear? Got us all working for them on the tiniest margins. Yours . . . etc . . ."

Off-loaded

Every one of us who has humped cases of low-profit drinks and empties, to and fro in our shops will have a fellow feeling with that writer, but as I couldn't see why he didn't simply phone his order in direct, instead of mucking about asking for reps to call, and didn't quite understand the gist of his last paragraph, I inquired further. "Simple" I was told, "I had a long-time good working relationship with the rep who preferred to take the orders himself rather than have them sent on over his head" (presumably the sales he made went to his credit?) But after a month or so without that particular range, the writer found that not only was his turnover unaffected, but he was freed from a great deal of hard work. In his view all the low-margin Beecham products were being handled by pharmacists because they believed, wrongly, that they were essential to their trade. We were being duped into stocking their products; "Beechams really needed us".

Maybe, but reasoning based on the experience in a busy High Street shop, as in this case, is simply inapplicable to the smaller suburban or rural businesses. There is a pressure of business in main streets which would almost certainly guarantee that the products were available in several other outlets, at prices intended by the retailers to be highly competitive. That it was Beechams products seems to me almost irrelevant for the same can be said of, Gibbs, Golden, Reckitts and any other national manufacturer. As independents we are entrepreneurs, making nice choices daily as to what we will stock, or promote, sell at full price or drop from our stock list. Why and what we choose may be a matter of pennies or pique, but at the end of the year our wisdom will be shown by the net profit.

Contracts unlimited

Nothing to do with the Mafia, although the effect of contracts unlimited has led, ultimately, to the demise of many once viable pharmacies. In my area the leapfrogger has closed two, and cost me a quarter of my script turnover. Such experience can hardly be isolated. Let us hope that Mr Sharpe and the team at PSNC can produce a good deal of convincing examples to show the Secretary for Social Services, Mr Patrick Jenkin, that his scepticism is not only misplaced but if maintained will prejudice the chances of keeping even a reasonable distribution of dispensing contractors.

COUNTERPOINTS

Numark competition takes winners to Moscow

Numark are running their second consumer competition in two stages, each featuring a package of brand leader products. The first stage will be during October and the second in November. The competition will offer exciting prizes to both consumers and pharmacists and takes as its theme the 1980 Moscow Olympic games.

The first "lap" of the competition is linked with the October Numark promotions, in-store between October 8 and 27, including Macleans toothpaste as the Superbuy, Heinz junior foods, Alberto VO5 shampoo, Revlon Flex shampoo and conditioner, Pennywise, Dettol, Johnson's baby powder, Mum antiperspirant, Radox salts and Kleenex for men.

The prizes for the consumer lead off with a 15 day holiday for two in Russia. They will visit Moscow, Leningrad, and Odessa and spend five days

at the finals of the Olympic games, plus £300 spending money. Second prize is a video cassette recorder and there are 15 Kodak Ektra cameras as third prizes and 100 travel bags for the runners up.

Consumers are asked to answer six questions about the Olympic games and to create a slogan for Numark chemists beginning with the words: "My Numark chemist shop is a winner because . . ."

Chemists from whom the winning entry forms are obtained will in their turn win a nine day holiday for two in Russia, with £200 spending money and appropriate second and third prizes. The competition will be backed by in-store merchandising material and full national advertising support. The second "lap" will be run between October 29 and November 17, 1979. *Independent Chemists Marketing Ltd, Warminster, Wiltshire.*

Domex paper hankies from Modo

Modo consumer products have introduced Domex, a new-style pocket paper hankie which is already said to be enjoying "considerable" success in Europe.

Unlike other pocket packs currently on the market, the Domex pack stands upright. This means that it takes up less space—on the shelf and in the pocket—and packs in more product at the same time, explains the company. Each pack contains ten hankies and consumers can either buy in single packs or in sixes.

For the trade there are two sizes of case. One containing 288 packs with 16 cello-packed inners and 18 pocket packs per inner, the other has 240 packs with 40 cello-packed inners and six pocket packs per inner.

"The pocket-pack market in the UK has been relatively static in recent years," says Ric Cowan, Modo's sales promotion manager. "And with a general buoyancy throughout the paper market in 1977/78 a major opportunity has been missed by all sectors of the trade. Domex is designed to expand the market." *Modo Consumer Products Ltd, Modo House, Chichester Street, Chester.*

ICML offers

During the month of October, ICML are offering the consumer the following reductions on the recommended price of NPA products: 8p off large Nusoft baby talc, and 6p off all the other Nusoft baby toiletries in the range including Nusoft nappy liners, also 6p

off Nusoft twinpack kitchen towels, 4p off Nusoft 150s facial tissues both white and multicolour, Nusoft foam/bubble bath, the 17½oz blackcurrant health drink, 3p off both household and deluxe rubber gloves, and 2p off the Nuhome twinpack toilet rolls and the 12oz blackcurrant health drink. In addition to the bonuses offered to independent chemists on all these products there will also be bonuses on Hacks, Victory V, and Valda pastilles. *Independent Chemists Marketing Ltd, Warminster, Wilts.*

Kodak film launch brought forward

New Kodak instant colour film, PR10 due to be launched on October 1, is already available. Plans for the launch had to be revised in view of heavy sales of the former film which it now replaces says the company. Single packs only of the new film are available at the moment, and October 1 continues to be the launch date for take-two packs of Kodak instant colour film PR10. *Kodak Ltd, PO Box 66, Kodak House, Station Road, Hemel Hempstead, Herts.*

Beecham posters

Actress Liza Goddard, in wistful mood, is featured in a poster campaign for Pure & Simple skin care running to the end of September and using 2,000 sites throughout the UK. Budget for the campaign, which extends the star's endorsement of Pure & Simple in television commercials, is £75,000. *Beecham Toiletries, Beecham House, Great West Road, Brentford, Middx.*

National launch of Dermidex skin medicine



Dermidex skin medicine has been launched nationally by International Laboratories Ltd. A non-greasy lotion, Dermidex contains lignocaine 1.2 per cent, aluminium chlorhydroxyallantoinate 0.25 per cent, chlorbutanol 1 per cent and cetrimide 0.5 per cent. The 50ml polythene bottle (£0.87) has a white top with a flip-up nozzle.

The product is being promoted for relieving pain and irritation, controlled infection and healing damaged skin. The company says it has had a successful test market in Derby and Southampton, especially for the advertising copy. International Laboratories plan a £300,000 advertising spend in major national newspapers and television Press. Specialist advertising to the hairdressing, printing, engineering and building trades will also be used. For the first six months of the launch point-of-sale material will display boxes each holding a dozen bottles. *International Laboratories Ltd, Lincoln Way, Windmill Road, Sunbury-on-Thames, Middlesex.*

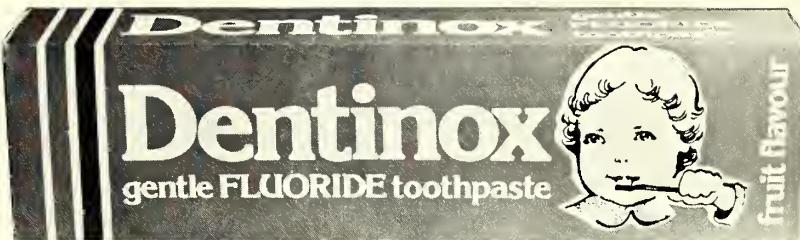
Paddi promotions

Robinsons of Chesterfield are launching a Paddi nappy liner promotion this month, with a case discount on the 100s and 50s packs. The promotion includes a stockists incentive on Paddi liners, Paddi Pad 20s, and the new design Paddi Popon pants. The incentive also includes two products from the Kinix range of cotton wool products—Kinix pleats and Kinix rolls. *Robinson & Sons Ltd, Chesterfield, Derbyshire.*

Agfa take stock

Agfa will be stocktaking from September 27 to 30 and advise dealers to place orders during the seven days prior. The company says that there may be some delay in delivering orders received during the stock taking period but that this should not exceed three or four days. *Agfa-Gevaert Ltd, 27 Great West Road, Brentford Middlesex.*

Little teeth are becoming big business



Over the past year sales of Dentinox Toothpaste have really rocketed.

Mothers everywhere with children up to 3 have chosen Dentinox because Dentinox is a uniquely gentle toothpaste formulated specially for delicate milk teeth.

In response to this success we have now reformulated Dentinox Toothpaste to include fluoride - the benefits of which are recognised by Dentists everywhere. Still to the same gentle formula Dentinox Fluoride Toothpaste is bound to become a major selling line on the toothpaste and baby counters.

Powerful advertising reaching 5 million mothers

In its bright new eyecatching pack, Dentinox Fluoride Toothpaste is being heavily promoted. There's full colour advertising in Bounty Toddlers Progress reinforced by high frequency advertising in Parents, Mother, Mother & Baby and Nursery World.

New fluoride formula Dentinox Toothpaste -available now!



Dendron Limited, 94 Rickmansworth Rd., Watford, Herts WD1 7JJ.
Tel (0923) 29251.

COUNTERPOINTS

Ronson add battery model to Spirotechnic range

Following the launch of the Spirotechnic mains shavers, Ronson are now adding a battery model to the range. Incorporating the spiral cutter, which gives six cutting edges, the RS95, with angled shaving head and a slim, lightweight body, is powered by four HP7 batteries. Honed as a single unit, the spiral blade is colour coded identifying cutting edges.

Ronson general sales manager Bernard Palmer says: "The continual growth in sales of our RS65 battery shaver has indicated an upward trend in demand for battery-type shavers. We are confident that the new RS95 model will enable us to increase our brand share in the overall shaver market and strengthen our

position in the battery sector".

The RS95 (with retractable long hair trimmer) comes in a smart black travel wallet (£17.95).

Ronson say that they are planning to break new ground in this year's Christmas run-up—with a £500,000 all products television campaign starring the Goodies comedy team. A new-look catalogue from the company shows the range of electrical products and blowtorches in a form designed for easy reference and update. It is made up of full-colour looseleaf sheets, and is indexed with divider tabs to locate the various groups. *Ronson Products Ltd, Randalls Road, Leatherhead, Surrey.*

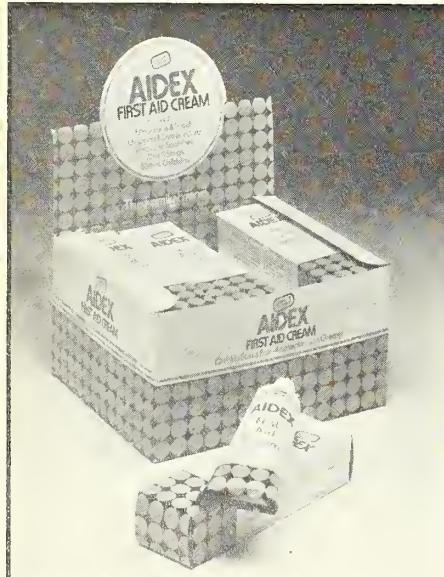
New Cutex shades launched by star

Joanna Lumley, television star of "The New Avengers" and "Sapphire and Steel" visited Dublin as the guest of Cutex to launch the company's new autumn range of lip and nail colours.

The new range is said to be designed to complement the ginger, spice and chocolate colours that fashion favours for autumn and winter 1979. There are two lip colours; coffee cream and hot rum and four nail colours; cocoa fudge, toffee apple, brandy snap and butterscotch. *Cheesbrough-Pond's Ltd, Victoria Road, London NW10 6NA.*

Aidex redesign

The Aidex burn and wound cream pack has been redesigned to give greater visual impact at the point of sale and to enlarge its area of use by changing the



title to "First aid cream".

The new packaging is printed in red and blue, and matches other products in the company's first aid range. The outer carton emphasises various conditions Aidex is suitable for treating. Aidex first aid cream contains amicrine hydrochloride 0.1 per cent, benzocaine 0.1 per cent and phenoxyethanol 1 per cent. The base is a water-soluble cream. *Cuxson, Gerrard & Co (Dressings) Ltd, 26 Fountain Lane Oldbury Warley, West Midlands.*

Video three

Video Arts Ltd have produced three new films in their series on training. John Cleese stars in "I'd like a word with you", a film about the discipline interview. This demonstrates how logic disappears and emotion takes over when someone tries to discipline a subordinate, and shows how it can be improved.

A cartoon drawn by Tony Hart, asking "What is a computer" is designed to eliminate fear and ignorance about these machines.

Finally Dennis Norden has written the script for a two part package under the general heading, "Negotiating profitable sales". More information on these films and details on how to hire them are available from *Video Arts Ltd, Dumbarton House, 68 Oxford Street, London WIN 9LA.*

AAA bonus

Armour Pharmaceuticals are making a bonus offer on AAA mouth and throat spray for the period September 24-October 26, 1979. During this period the special rate of 10 for 8 will be charged giving chemists a profit on cost of 87.5 per cent, says the company. *Armour Pharmaceutical Co Ltd, Eastbourne.*

Evenflo range from States



Evenflo baby feeding and breast care products are now available in the UK through Evenflo (UK) Ltd based in London. Evenflo is one of the leading brands in the United States.

The Evenflo range covers 40 different baby feeding and breast care products. The range includes feeding bottles in clear plastic, pastel shades and glass (£0.69); colour coded variable speed teats, blue for water, orange for juice, amber for formulas and pink for milk; regular and orthodontic dummies; novelty feeding bottles featuring Fred Flintstone and other well-known characters and animals; a disposable bottle starter kit (£1.14) containing a rigid plastic holder, supply of hygienic liners and the patented twin valve teat exclusive to Evenflo; the Evenflo breast feeding set containing all the items essential to a comfortable convenient breast feeding experience, breast cream, nursing pads, nipple shield and a breast pump kit that enables the mother to gently express and store her milk into the same bottle. *Evenflo (UK) Ltd, 14a Clerkenwell Green, London EC1.*

Smaller Ulay

This month sees the introduction of a new small size bottle of Oil of Ulay (75ml £0.99). The company believes that in these days of rapidly rising prices it is becoming increasingly difficult for women to find good quality beauty products at prices they can afford. The new 75ml Oil of Ulay is designed to meet this consumer need by providing "the best available skin care for less than a pound." *Richardson Merrell Ltd, 20 Queensmere, Slough, Bucks.*

Cidal prices

The prices of Cidal skin care soaps should be £1.78 trade, £0.22 retail, for toilet size, and £2.83, £0.35, for bath size, and not as stated in the Price Supplement.

Fantastic Olympic Holiday Competition

Prizes Galore for Numark Chemists and Customers!

During October and November all customers for Numark Chemists can enter our great Olympics competition absolutely free with thousands of pounds worth of prizes, including a 15 day holiday to see the 1980 Moscow Olympic Games.

Numark Chemists cash in with extra

customers plus the chance of a lifetime to win their own holiday for two to see the Olympics. That's the first prize in the retailer competition, and it will be awarded to the Numark Chemist issuing the winning consumer entry form. And there are lots of other prizes to be won.

Ist Prize

9 days holiday for two in Russia, visiting Leningrad and Moscow with 3 days at the Olympic Games. Plus £200 spending money.



2nd Prize

18" Sony Trinitron Colour TV.

Plus

15 Runner up prizes of £20 vouchers.

First off the mark for value

To go with our Olympic Winners competition, we've got together two very special teams of top brands. And every one's a winner on value.

The first lap of the promotion will be in store 8th to 27th October, the second from October 29th to November 17th.

Winning display materials and advertising

There's a great line up of colourful display materials to bring in extra customers plus a heavyweight national advertising campaign in

the Daily Mirror, TV Times, Women's Own, Woman's Weekly, Woman's Realm and Sunday Post.

Top products, strong advertising plus two great competitions to make this major feature promotion another winner from Numark.

If you would like to be part of the Numark success story contact Charles Morris-Cox, Independent Chemists Marketing Ltd., 51 Boreham Road, Wilts BA12 9JU. Tel: 0985 215555.



The National Trading Group for Independent Chemists.

COUNTERPOINTS

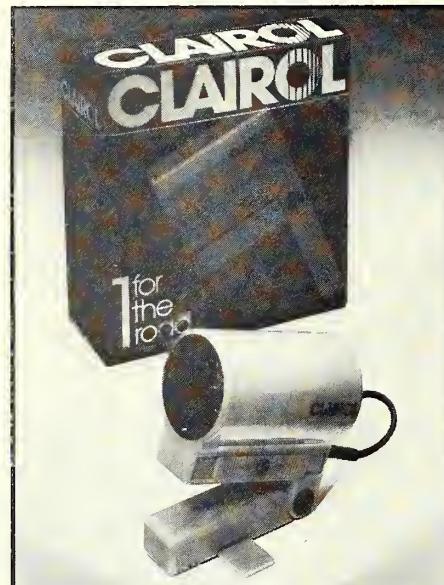
Clairol's small hairdryer dubbed 'one for the road'

Clairol Appliances have launched a travel dryer designed to appeal to today's "mobile and travel conscious public." Called "one for the road" (£15.50) it is very small, folds away, has 1200 watts of power and is dual voltage.

With the handle folded away for travel, "one for the road" measures 4in square. There are two switch settings rated at 1200 and 600 watts, for fast drying and controlled styling, and a snap-on nozzle for spot-drying.

The fold-away handle moves through 90° from its folded position; in the vertical position it is a conventional pistol-grip dryer; angled towards the barrel, a stand can be released from the handle, twisted into position, and the dryer sits on the table, leaving both hands free for styling.

Clairol are supporting the launch in their £4m multi-product pre-Christmas consumer Press advertising campaign in all the major women's magazines, including *Woman* and *Woman's Own*, and in national newspapers. *Clairol Appliances, Pilgrim House, William Street, Windsor SL4 1BA.*



which was chosen "because it contains vitamin E and is an excellent carrying oil." The essential oils in the two formulations are said to be used in accordance with established herbal practice and aromatherapy principles. They are sandalwood, rose, ylang ylang and clary sage for dry skin, and lemon, lavender and basil for oily skin.

The oils join eight other products in the Good Nature range, at prices ranging between £1.25 and £3.40. *Good Nature, 42 High Street, Bidford-on-Avon, Warwickshire.*

National Listermint

Listermint (200ml £0.59, 400ml £0.95) antiseptic mouthwash, marketed by Halls Hudnut, has now gone fully national—12 months after it was first launched in the London television area.

Although the initial reaction of the trade in the London test area was very positive there was a certain amount of scepticism as to its volume potential says the company. However, they add, during the initial advertising burst consumer demand greatly exceeded trade expectations and brought rapid realisation that Listermint was indeed a fast moving toiletry brand.

Research carried out this year has shown repeat purchase levels in excess of 50 per cent and that Listermint was being bought by new mouthwash users and was expanding the market.

The national launch will be supported over the next 12 months by £800,000 of television advertising. The campaign will feature the "Listermint slosh" commercial used in the test market. *Halls Hudnut, Woodside Avenue, Eastleigh, Hants SO5 4QD.*

Eastern promise from Maxi

There's said to be a hint of Eastern promise from Max Factor's Indian summer shades for lips, nails and eyes for autumn '79.

There are three vivid new shades for lips and nails, available in Maxi moist lipstick (£0.75p) and Maxi Wear nail guard (£0.80p): Azalea—a vibrant, shocking pink; petunia—a daring magenta; tea rose—a rich frosted mustard. And eight new Maxi powder eyeshadows (£0.80p): Bamboo—a frosted beige; rosewood—a dusky, pink brown; sea mist—a pale aquamarine; peacock—a deep blue-green; damson—a rich purple and wild thyme—a frosted pink lilac, plus gold and silver glitter.

These eight new Maxi eyeshadows are also available in duo compacts with a double-ended sponge tip applicator (£0.99); Rosewood and bamboo; seamist and peacock; damson and wild thyme and gold glitter and silver glitter. *Max Factor Ltd, 16 Old Bond Street, London W1A 3AH.*

Good Nature oil

Two facial massage oils, for dry skin and oily skin, have been added by Good Nature to its standard range of skin care products. The massage oils, (£3.40) previously only available through beauty salons, are based on sunflower seed oil,

PRESCRIPTION SPECIALITIES

PROCTOFIBE tablets

Manufacturer Roussel Laboratories Ltd
Roussel House, Wembley Park, Middlesex HA9 0NF

Description Beige tablets each containing 375mg of a fibrous extract of grain and 94mg of a fibrous extract of citrus

Indications Colonic and gastrointestinal disorders where a high fibre regimen is indicated

Contraindications Intestinal obstruction, gluten enteropathies, coeliac disease

Dosage Adults—4-12 tablets daily in divided doses; children—over 3 years of age, as adults. To be taken with ample water

Side effects Transient bloating and flatulence may be reported in first two weeks of treatment

Storage In cool, dry place

Packs 125 tablets (£2.35 trade)

Supplier restrictions Pharmacy only

Issued September 1979

Imbrilon colour

The colour of Imbrilon (indomethacin) capsules is being changed from white to pale yellow. The colour change for 25mg capsules will take place in October and for 50mg capsules in November. *Berk Pharmaceutical Ltd, Station Road, Shalford, Guildford, Surrey, GU4 8HE.*

Megaclor back

From October 1, Megaclor capsules will again be available from Pharmax (100 capsules, £9.55 trade). The company says it has surmounted the technological problem that caused it to withdraw Megaclor. However the syrup preparations are not to be reintroduced. *Pharmax Ltd, Bourne Road, Bexley, Kent DA5 1NX*

Pictured below are the new packs for Fybranta from Norgine Ltd. New packs contain ten rolls of ten tablets each, said to provide dispensing and patient convenience



25%
EXTRA
FREE

NOW

...for the first time
one of the most effective
of all known promotional
techniques is linked to one
of Britain's most popular
men's hairsprays.

Display these special
Falcon packs prominently—
and watch your sales soar.



**BEECHAM
TOILETRIES**

—sell through faster

BEECHAM PROPRIETARIES, BRENTFORD, MIDDLESEX.

The time has come for all hospital pharmacists to make a real contribution to developing the service: "The alternative is decline and eventual oblivion," warns Dr S. E. Fullerton, regional pharmaceutical officer, North West Thames Regional Health Authority.

In a paper presented to Wednesday's professional session, he said that too many people had opted for the quiet life in the past. "In spite of the many improvements which have come about in the hospital pharmaceutical service since the implementation of the Noel Hall Report, there is still too great a variation in the quality and range of service provided by hospital pharmacists throughout the country. I believe that we have ourselves to blame for the fact that as a profession we have done little to help improve the image of pharmacy in the eyes of the public, the medical profession or politicians."

Too long in changing

Despite the lack of resources, some hospital pharmacists could feel justifiably proud of the improvements they had achieved over the past 10 years. "However," he continued, "some of the changes have taken too long and the burden of producing such improvements has fallen on far too few of our number."

The following are extracts from Dr Fullerton's paper on the way hospital pharmacy should develop in the future:

First and foremost we want to develop a clinical role and achieve recognition as members of the health care team. This covers everything from changing drug distribution systems to influencing the nature of drug prescribing.

The development of computer prescribing systems with visual display units in the pharmacy will reduce the need for pharmacists to visit the wards to inspect prescriptions. A recognition by the pharmaceutical and medical professions that the pharmacist has a role to play at the patient's bedside would be a significant advance and steps must be taken to provide the education and training needed for this new clinical role.

There will be a move towards unit dose dispensing and away from the traditional dispensing of bulk supplies of medicines, either as ward stocks or for individual patients. More staff will be needed to provide longer opening hours than at present.

Clinical pharmacists need to be experts in drug information and must be provided with a back-up system in the form

Hospital pharmacy's place in a changing world

of a regional drug information centre with computer links to all major hospitals. It may be necessary for this to be further supported by a national centre with a drug data bank, the basis of which could be drug profiles linked with the Committee on Safety of Medicines—but for this to happen there must be a change in the CSM's attitude. Use of VDUs will mean that the drug information pharmacist must be well versed in computer technology.

Sophisticated units

Production should be limited to "specials" and unusual products which are not commercially available, as it is wasteful for hospitals to compete with the pharmaceutical industry in this way. To do this we need to develop a few highly sophisticated manufacturing units and to concentrate the rest of our precious resources on patient care.

Further resources are needed if adequate quality assurance programmes are to be developed. To be cost effective the key laboratories will be at manufacturing centres and similar facilities will be needed at district general hospitals for routine assays and spot checks on products.

For purchasing, some form of centralisation is the most promising way to make economies. Area stores must be developed and more efficient stock control procedures need to be devised.

Pharmacy officers should be more involved in planning and policy matters and in the search for ways of establishing rational priorities. We want to develop

managerial skills which will allow a greater delegation of certain work to pharmacy technicians. To achieve all we wish to achieve in the next 10 to 20 years we must first create a greater public awareness of what a pharmacist is and what he can do for society. Next we must use every means available to bring about changes in the education of pharmacists leading to integration of practice and academic studies. Medicine and dentistry have achieved a balance between the academic and vocational aspects without losing esteem within the academic community. Pharmacy has yet to do this. Another fault with education is that resources are allocated on the basis of student numbers, providing extra finance for expansion rather than improvement, thereby consolidating lasting programmes.

Academic institutions should not have the sole prerogative of educating hospital pharmacists, and educational and training pharmacists should be appointed in every region to supplement the work of the schools.

Practice college

A College of Practice should be established without delay. Training must be continuous throughout the whole of a pharmacist's career and an improvement in communication skills is essential. We must press for changes of policy within the Pharmaceutical Society and the schools if we are to produce pharmacists who are better able to face the challenge of the future.

Discussion of this paper is on p443

Mr Ivan Marath talks to visitors on the Cooper Health stand at the pharmaceutical exhibition



And...things also happen before a Badedas Christmas!

Badedas gift packs,
in particular, have a
most alarming trick of
disappearing off
your shelves...

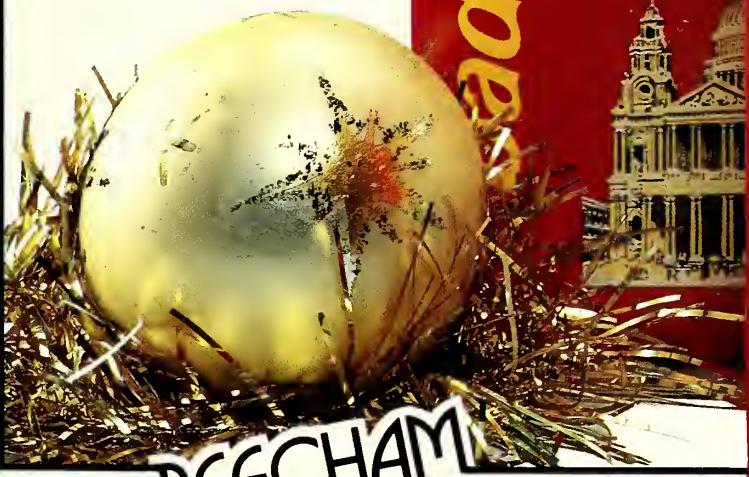
...so fast...

...you could be caught
without any of Britains
top-selling bath range
at the peak of the
gift-buying season.

**And that would be
a shame for your
customers...**

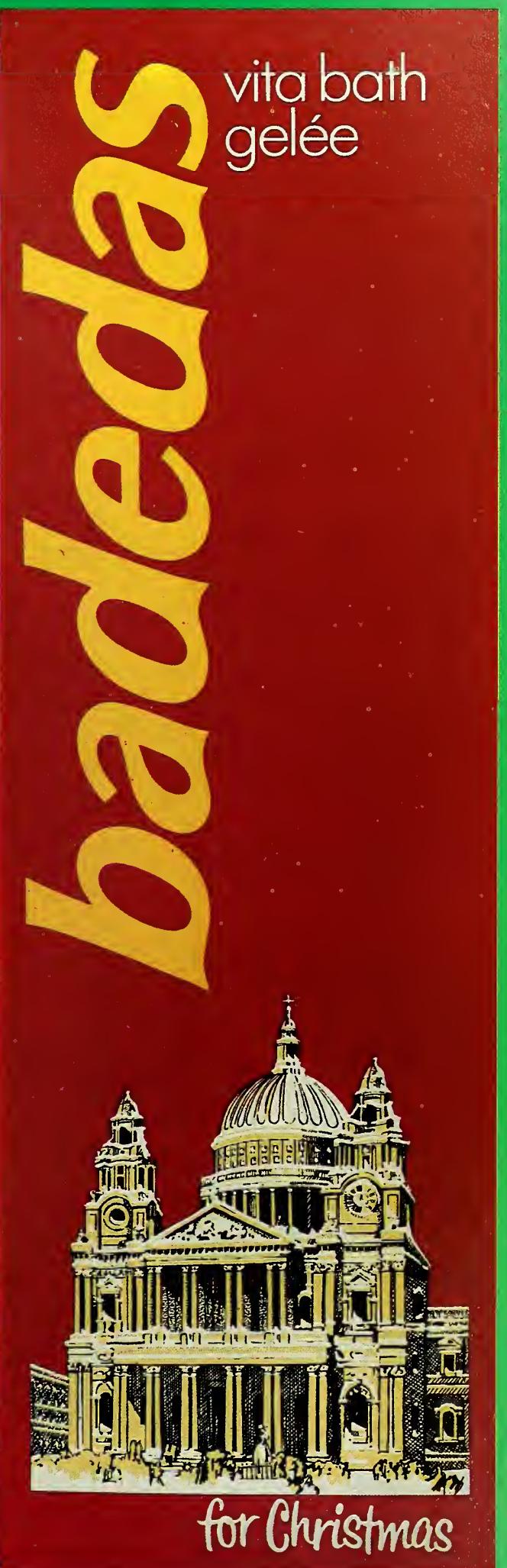
...and for you...

...and for us!



BEECHAM
BRANDS

—sell through faster



BEECHAM PROPRIETARIES, BRENTFORD, MIDDLESEX.

A word about

Sensodyne is the up-to-the-minute word in oral health. It's a full range of oral hygiene products — toothbrushes, toothpaste, dental floss — designed to help keep teeth and gums clean and healthy.

There are the established Sensodyne Toothbrushes — now the fastest growing toothbrush brand. There's a choice of four to cover all the family's needs: Searcher and Plaque Remover,



**Sensodyne
Searcher**



**Sensodyne
Gentle**



**Sensodyne
Junior**



**Sensodyne
Plaque
Remover**

two alternative designs for routine adult use — Junior for children — Gentle for people with sensitive teeth and gums.

As a companion to the Gentle toothbrush there's Sensodyne Toothpaste — a special formulation to relieve dental sensitivity.

Now, too, there is Sensodyne Dental Floss — double textured and lightly waxed, so that it spreads well and is easy to handle.

But Sensodyne means more than just a range of products. It also says a lot about quality. Because Sensodyne products are professionally designed and recommended by dentists. And Sensodyne tells you something about promotional support, too. We're putting more advertising

oral health:

Sensodyne



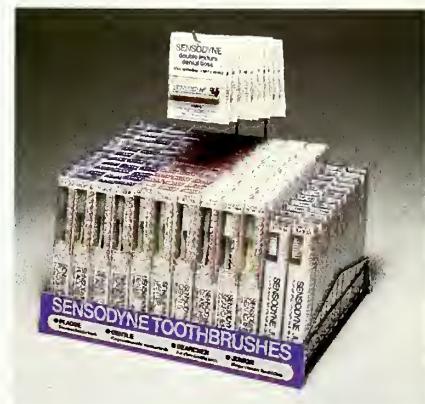
muscle behind the Sensodyne range than ever before. Already, Sensodyne products are getting more dental promotion than any other oral hygiene range – and now we're also advertising the toothbrushes direct to the consumer, with special emphasis on the Searcher. The main target is young housewives and you'll see the ads appearing in magazines like "Woman", "Living" and "Radio Times."

Now about your part in all this. It's a vitally important one, because Sensodyne products are sold mainly through chemist shops – as you'd expect from their quality and pedigree. And we take steps to make it worth your while.



There's a big new display stand – see illustration – holding 12 dozen brushes and a dozen of dental floss.

Sensodyne products are premium priced – that makes them more profitable for you. And their high quality and professional design are right in line with the growing trend



towards better oral health. You can put your word behind Sensodyne. We do.

**Quality products for dental health from
STAFFORD-MILLER
Stafford-Miller Ltd.,
Hatfield,
Herts.**

OP dispensing the order of the day?

The pharmacist's professional liability will become "even more onerous" if the recommendations of the Pearson Report on strict product liability become law, believes Mr Alan Smith, chief executive, Pharmaceutical Services Negotiating Committee.

During Thursday morning's professional session he outlined the probable effects of strict liability on retail pharmacy. An extract of his paper appears below:

The Law Commission recommended that a producer should be strictly liable for any defect in his products, regardless of whether he knew or could have ascertained the defect. Strict liability would also apply to retailers and suppliers of own brand products or "anonymous goods," ie items such as dispensed medicines which did not identify the producer.

If these recommendations come into effect, pharmacists might practise defensive pharmacy by choosing to forego extra services rather than risk litigation, which could adversely affect their willingness to advise the public and prescribers and also to give first aid.

To lessen their liability, pharmacists may be forced to dispense in original packs complete with all the manufacturer's leaflets, so that products are no longer anonymous. This would increase pharmacists' total investment in drugs and affect their professional involvement. It will be essential to remove dispensed medicines from the definition of "anonymous" both in the profession's and the public interest.

The Commission recommended that the producer would not be strictly liable for a product which was safe when it left him but became unsafe later because it was tampered with by others, so pharmacists would always need to give patients a data sheet and not remove any of the packing leaflets or cover any of the producer's labelling.

When prescriptions call for a generic drug, the pharmacist usually chooses the brand. If the Pearson Report is implemented the pharmacist will have to keep records of the manufacturer of the generic drug supplied to each patient. Further problems will arise if drugs from several manufacturers are used during a course of treatment or if a patient has received them from different sources. This will lead to an increase in original pack dispensing of proprietaries rather than generics.

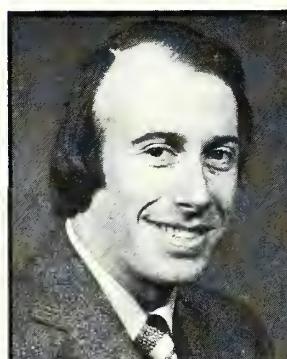
The delays in causes for action coming to light, together with the proposed ten year limit, would lead to severe problems in patient record keeping. Failure to record the name of the producer could result in a claim against the supplier, ie the pharmacist, rather than the manufacturer because the patient would more easily remember the prescriber and the pharmacist.

If a medicine became "defective" after being put into circulation, the manufacturer would no longer be liable, but the retail pharmacist would have to ensure that conditions of storage, handling,

pharmaceuticals not only in his own department but also throughout the wards and other departments. Nursing staff were not always aware of the dangers of incorrect storage and with storage conditions becoming more and more rigorous, the potential for serious mishap was escalating.

Dispensing in hospitals was open to the same risks as dispensing in general practice, with the added burden that the drugs prescribed were often more potent and therefore the consequences of error were potentially more dangerous.

Extra care was necessary when telling



Colin Hitchings, David Massam and Alan Smith



observation of expiry dates, were strictly observed. In these instances, any action against the pharmacist would still be based on negligence as at present and would not be affected by the introduction of strict liability.

Pharmacists would be confronted by a conflict of legislation because, under the NHS Act 1977, they must dispense valid prescriptions even if they feel the drug is inappropriate, eg oral chloramphenicol for minor ailments. Furthermore, if the pharmacists explain to the patient the risk of blood dyscrasias due to chloramphenicol, he would be guilty of misconduct under paragraph 15 of the "Statement upon Matters of Professional Conduct" which says that prescriptions should not be discussed with patients or others in such a manner as to impair confidence in the prescriber.

Mr Colin R. Hitchings, area pharmaceutical officer, Camden and Islington AHA, and member of the Pharmaceutical Society's Council, advised all hospital pharmacists to take out professional indemnity insurance.

Mr Hitchings outlined these areas in which hospital pharmacists could be held liable for any errors. The hospital pharmacist was responsible for storage of

hospital patients how to take drugs because these patients were more likely to feel afraid by their environment and remember little of what they were told, their diseases were more serious, the medicines probably more potent, and the treatment was often new to them.

Giving information to doctors raised questions of the hospital pharmacist's liability if he gave advice which later proved to have played a part in harming the patient.

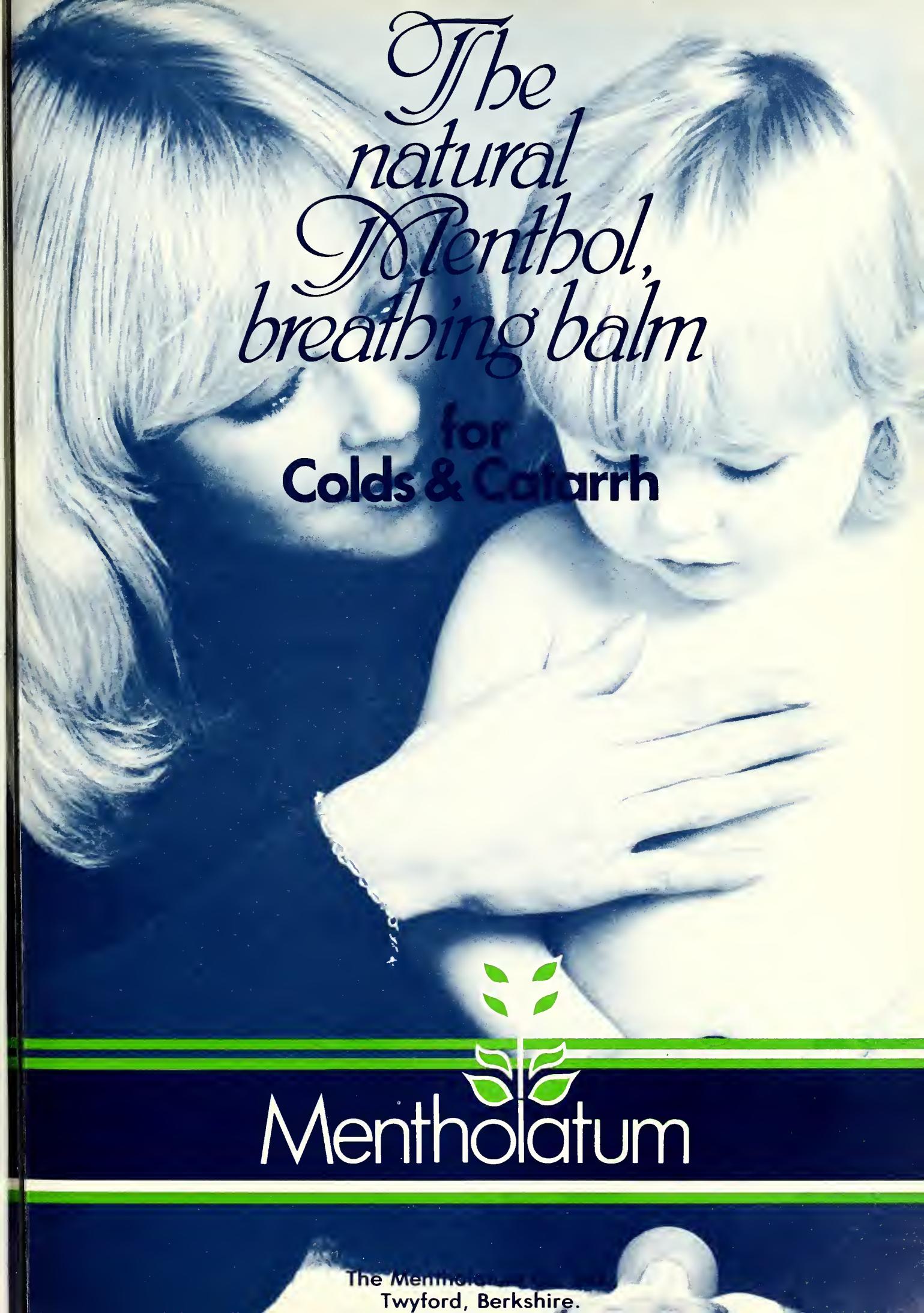
The industry's view was outlined by Mr David Massam, assistant secretary, Association of the British Pharmaceutical Industry. The following is an extract of his paper:

Society may want rather more, in terms of compensation from medicine-induced injuries, than it is reasonable for the industry or its professional advisers to pay. If public opinion considers that all such injuries, regardless of cause, should be compensated then society must pay towards achieving that ideal.

Industry can hardly be expected to compensate for known side effects against which it has given a warning, but it would be equally unsatisfactory for

Continued on p443

September 22 1979



The
natural
Menthol,
breathing balm

for
Colds & Catarrh



Mentholatum

The Mentholatum
Twyford, Berkshire.

Four great new Homebrews that will empty the pubs.



Two great new commercials that will empty your shelves!



On 22 October John Bull hits the Midlands TV screens in a big, bright, heavyweight launch that features not one but two great commercials.

John Bull is a small country brewery's own beer kit.

That's its secret.

That's why it makes a pint so good, it could put the pubs out of business.

Big TV Spend—two great commercials.

John Bull is featured in two different commercials.

Both drive home—in a new and dramatically different way—just how good John Bull beer kits are!



These commercials will be shown in rotation in two bursts, from 22 October to 4 November and 12 November to 25 November.

They'll be seen by over 2½ million men, about 6 times.

John Bull—the money-making beer kits.

For every John Bull kit you sell at full recommended price, you can make at least 25%.

And John Bull is one of the most reasonably priced kits on the market—so you're bound to do well!

Make sure you're ready for John Bull's massive TV launch. Stock up now—contact your local chemist wholesaler's rep, or Stephen Briggs at Paine & Co. Tel No. St. Neots 214000.



HOME BREW BEER

So good, it could put the pubs out of business

Liability and OP dispensing

Continued from p440

compensation to be payable for unknown rather than for known side-effects. Injured patients would be uncompensated and it would be safer for manufacturers to stick to old, well tried remedies instead of risking the introduction of apparently safer products which might turn out to have unforeseen defects. Progress would be stultified.

The industry is fully prepared to accept strict liability for manufacturing defects. But the matter is more difficult with development defects, which only become apparent at a later stage, such as occurred with thalidomide. By the time such a defect is recognised the potential liability may have become considerable, way beyond insurable levels.

The answer is surely a centrally organised scheme as proposed by the ABPI. Only by separating the entitlement to compensation from the obligation to pay it can the matter be dealt with satisfactorily. No other method seems likely to provide a fair solution to all concerned.

It is difficult to see how the strict product liability on manufacturers would increase the personal professional liability of pharmacists in industry. Whereas with manufacturing defects the pharmacist could clearly become personally liable for his negligence during manufacture, quality control, etc, the position is far less straightforward with development defects. So many people are involved in the myriad of tests necessary, that it is difficult to envisage how the pharmacist specifically could be held responsible.

The licensing authority relies on data submitted by the applicant for a licence so the negligent study of formulation, for example, which might be carried out by a pharmacist could ultimately lead to injury to patients and to a personal liability for the negligent pharmacist. Personal liability is thus theoretically possible but appears unlikely in practice.

Hopefully, one thing which can be stated with reasonable confidence is that, under present proposals, the liability of an individual would still be based on negligence even if that of his employer became strict. The existence of a scheme to provide compensation fairly and quickly would probably remove the need for an injured patient to involve individual employees in the matter.

Two defences

Expanding on his paper during the Conference session, Mr Smith said that a pharmacist dispensing an "anonymous product" would have two defences in law. He could plead "assumption of risk," which meant that if he warned the patient about possible side effects and the patient agreed to take the risk, the pharmacist would be relieved of some responsibility for the consequences.

Alternatively, the pharmacist could plead "contributory negligence," which would occur if the patient misused the medicine after being given appropriate warnings and therefore contributed to his own harm.

A tremendous amount of additional information would have to be given to the patient if he was to "assume the risk" and Mr Smith predicted a decline in patient compliance if all patients were warned about all the possible side effects every time they were given a medicine. He felt it would be impossible to make the patient "assume the risk" without discussing the prescription in a way that would "impair confidence in the prescriber."

Mr Smith predicted that the strict liability proposals would lead to a marked swing from generic dispensing to the dispensing of proprietaries in original packs. During the discussion this prompted the suggestion from Mr A. Charnings, Worthing, that it was "high time" the UK adopted the continental practice of original pack dispensing, to lessen the pharmacist's risk of litigation. However, Mrs R. Howells, Penfro, pointed out that in one country with a system of original pack dispensing, the pharmacist was primarily responsible for the medicine in the pack and had to carry out random quality control checks, afterwards resealing the packs with authorised control strips.

Mr Norman Williams, head of the Department of Health medicines division and chairman of the session, warned that there was no indication that the government would help with the costs of

BRITISH PHARMACEUTICAL CONFERENCE EXETER 1979 SYMPOSIUM SESSION

compensation for injuries. The Scottish Law Commission report was the only one of four recent documents on product liability that had recommended a state compensation scheme. "There is a body of opinion against you in this respect," he said, adding that pharmacists should make a strong case for financial co-operation.

Mr Tim Astill, deputy secretary, National Pharmaceutical Association, replied that the profession would seek every opportunity to do so. He was concerned about the possibility of another disaster similar to the thalidomide tragedy, where the claims would be far beyond what pharmacists or manufacturers could pay. "It is here that the government must step in," he said, as it was wrong to make pharmacists liable for something they could not foresee and which was beyond their powers of control.

Mr Williams concluded by saying that the revised draft of the 1976 EEC Directive on product liability should emerge from the EEC Commission in the late autumn.

Future of hospital pharmacy

Continued from p436

During the discussion, Mr J. Bannerman, Glasgow, asked Dr Fullerton to elaborate on changes he thought would be required in educational policy. Should a pharmacy degree course be lengthened or should some elements be replaced? Dr Fullerton said some elements could be cut down or replaced but inevitably the course would have to get longer, becoming integrated with the pre-registration period and further education. Replying to another questioner, Dr Fullerton said academics should "go through the course with a fine tooth comb".

Dr P. Noyce, Harrow, commented that there were two barriers to achieving the ideals of Dr Fullerton's paper—resources and the movement into areas traditionally held by clinicians. Leadership was required, but from the top or from basic staff levels?, he asked. Dr Fullerton said leadership would have to come from the top but pressure from lower levels would speed up the process.

Mr C. Hitchings, London, asked Dr Fullerton to develop his paper's philosophy of extended hours and on-call system. Dr Fullerton said hospital pharmacists had been guilty in the past of adopting a nine-to-five attitude. The first step was to extend the hours of service, by staggering staff, to 8am to

7pm, with weekend cover, and then to have a properly organised on-call system based on obligation and remuneration to fulfil the duties. The third step would be residency, he said.

Dr F. Fish, London, warned that the science in education must not be diluted. Schools of pharmacy, he said, were aware there must be a vocational element to education but the balance had to be right. Practitioner teachers would be marvellous, he said, but they were difficult to find.

Mr M. Jenkins, Birmingham asked if joint appointments in, for example, industry and hospital, would be appropriate. Facilities could also be shared, he felt. Dr Fullerton agreed but said co-operation was required.

Mr D. Dalglie, Kirriemuir, said a criticism of ward and clinical pharmacy was that it offered no direct promotion prospects, without a change of discipline. He thought the teaching of clinical pharmacy was of prime importance to general practice pharmacy because doctors would become used to obtaining advice from pharmacists in both areas. Dr Fullerton suggested that the promotion structure would be corrected in time as more appointments became available.

BRITISH PHARMACEUTICAL CONFERENCE EXETER 1979

Closing session



No challenge to new-style four-day conference

Niggles, but no major challenges to the new-style four-day Conference, emerged from members during the closing session. There was criticism by individual speakers of the proposed demotion of the banquet to a dinner on grounds of mounting cost; a request that headquarters officials should wear badges of identification; a plea for the re-instatement of the official reception of guests at social functions (I wouldn't want anyone killed in the rush to shake hands with the president, Mr Sharpe joked), and a hope that the scientific content of Conference would not be allowed to become too forbidding for most general practice and hospital pharmacists.

Dr Pitkethly, inviting the Conference to Newcastle in 1980 (September 14-20) promised that serious consideration would be given to the organisation of a social programme for the Monday of Conference week, as at Exeter.

The vote of thanks to the Exeter organising committee was proposed by Mr Sam Moore, president of the Pharmaceutical Society of Northern Ireland, who said their efforts had been rewarded by the appreciation of all Conference members. And looking back particularly to the Secretary of State's opening session address, Mr Moore said: "He presented a gloomy picture of the national economy and gave us little hope of rationalising the general practice pharmaceutical service—and no expectation of buttering our dry bread, let alone getting a little jam as an extra".

Criterion of quality

The criterion for selection of papers for the Conference science sessions is one of quality and the science committee is not constrained by the number of science sessions or of simultaneous meetings. That assurance was given by Dr David Ganderton, retiring science chairman, who told the closing session that the committee would, however, be examining whether it should offer authors comment on the reason for rejection of papers.

He announced that a number of extremely good applications had been received for the science award and accordingly the committee was making two this year. One is to Dr Peter Waterman, department of pharmaceutical chemistry, Strathclyde University, who is an expert

on the isolation and identification of plant secondary metabolites; he is at present studying in the USA. The other is Dr Christopher Marriott.

Professor P. F. D'Arcy, head of the department of pharmacy, The Queen's University of Belfast, and incoming science chairman, was introduced by Dr Ganderton as "a man who has made an enormous mark in both industrial and academic pharmacology, and is now making his mark in administration and in a close association with hospital pharmacy". Accepting the chairmanship, Professor D'Arcy said the honour gave him particular pleasure because of his membership of the Pharmaceutical Societies of both Great Britain and Northern Ireland. "It illustrates the close professional, scientific and fraternal links existing between the two Societies," he said.



Top: Applause during the closing session.
Above: Dr David Ganderton (left) congratulates the new science chairman, Professor P. F. D'Arcy. **Below:** Presenters of the practice research papers (from left) Mrs K. Bailey, Mr I. Taylor, Mr B. Ellis, Mrs B. Stewart, Mr L. Pielou



Science demonstrations

Advantages of microcapsules

Microcapsules are proving to have several advantages over other conventional drug presentations. They can be used to protect drugs from hydrolysis or oxidation on storage, to separate incompatible substances, to mask unpleasant odours or tastes, and as sustained release preparations.

Dr J. R. Nixon and his colleagues at Chelsea College department of pharmacy explained during the science demonstration session how microcapsules are formed. Basically they consist of a core surrounded by a wall made, for example, of a gelatin and acacia complex.

Acacia is dissolved in water, the drug to be encapsulated is dispersed in the acacia solution, then gelatin solution added and the mixture stirred at a controlled temperature. The gelatin cations

react with the acacia anions and the complex separates as droplets of liquid which coalesce around the drug core.

This liquid forms the wall of the microcapsule which is then hardened with formalin. The whole system is cooled and the microcapsules extracted as a powder which can be compressed as tablets, made into a suspension or filled into capsules.

The release rate of the drug can be controlled by adjusting the thickness of the wall. Usually about half the drug is released at once, the rest more slowly to give sustained effect. The process is not much more expensive than sugar coating and has the advantage that the drug release rate can be controlled more exactly. Almost any drug can be administered in this way.



Banquet

Pharmacy has a 'great future' says Mr Clothier

Mr C. M. Clothier QC, Parliamentary Commissioner for Administration (the "Ombudsman") predicted a "great future" for pharmacy when he proposed a toast to the Pharmaceutical Society at Wednesday's banquet.

The pharmacist was the best person to deal with problems caused by the "tremendous weaponry" of today's medicines and had an important role to play in advising doctors, who could not hope to be wholly familiar with the vast range of complex substances available. And the "heavily oppressed" general practitioner needed help on principal health care which pharmacists could offer.

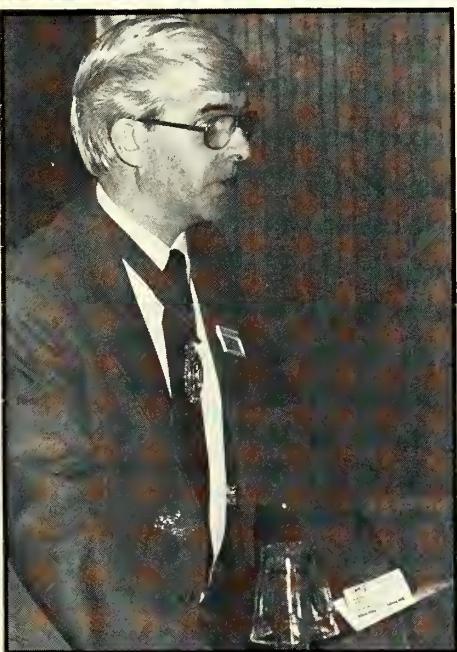
The pharmacist's role was changing and developing and these moves should

be welcomed, he continued, because without change a profession would become extinct.

Referring briefly to his work as chairman of the Clothier Committee which reported on dispensing in rural areas, Mr Clothier said he looked upon the Committee as a civilised way of reconciling difficulties brought about by involuntary change. He hoped the efforts of the professions concerned would eventually solve the problems.

Replying to Mr Clothier's toast, Mr David Sharpe, the Society's president, said that some pharmacists and doctors were far from content with the outcome of the Clothier Committee's work.

Concluded on p449



Top left: Visitors from Ireland, Mrs I. Dillon, Mr R. Dillon (vice president, PSNI), Mrs M. Moore, Mr S. Moore (president, PSNI), Mr M. Shannon (president, PSI), Mrs E. Shannon, Mrs A. Cahill, Mr M. J. Cahill (secretary and registrar, PSI). **Top right:** Mr N. Golding (retired prison governor, Dartmoor Prison), Mr D. N. Sharpe, Mr C. M. Clothier, Dr D. Ganderton, speakers at the Banquet. **Above:** Mr S. Moore speaking at the closing session.

Immediately above and right: scenes at the Banquet

Hopes of new drug therapies for the relief of pain

Lack of money is hindering progress in the clinical research of pain relief, a neurosurgeon Mr J. J. Miles, Walton Hospital, Liverpool, told Friday morning's symposium.

A major breakthrough was made in 1974, he said, when Hughes and Kosterlitz identified an endogenous, opiate-like peptide from pigs' brains. This natural analgesic, enkephalin, was soon isolated and synthesised and its distribution throughout the central nervous system

established. The prospects for pain relief looked hopeful, Mr Miles said, but more money was now needed to fund the necessary research.

Mr Miles described how releasing these opioid peptides by electrically stimulating parts of the brain had brought great benefit to patients with certain kinds of persistent pain. In animals, the analgesia provided by this brain stimulation was now well established as being similar to the analgesia provided by morphine,

which raised the question of addiction. However, in 150 or so cases of stimulation there had only been one possible instance of habituation.

Tolerance similar to that seen with narcotic analgesics was a problem and in some patients had occurred within weeks. It was usually associated with prolonged stimulation so he recommended that stimulation was only carried out for hourly periods, once or twice a day. Tolerance could usually be overcome by a period of abstinence but because there seemed to be a cross tolerance with narcotics it was difficult to support the patient during that time.

Disulphiram 250mg daily and, more effectively, L-tryptophan 3g daily seemed to restore the effect, Mr Miles continued. Amitriptyline 150mg daily was also thought, by some, to be effective in overcoming tolerance. The reasons for these actions had not been fully established.

The technique does not work for all pain but there is no easy test to decide which patients will benefit, Mr Miles continued.

"It is unlikely that the optimal treatment for persistent pain syndromes will be the implanting, into appropriate parts of the brain, of electrically-powered chemical factories, but it is very likely that by these surgical methods we will learn a great deal about the chemistry of pain relief and of pain. Logically this is bound to result in improved analgesic medication but by the more conventional routes," he concluded.

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5. Q. Do I need a licence?
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6. Q. Should I have Insurance?
A. Yes. You will find that your current Insurance Company will add it onto your regular Third Party Cover.
7. Q. There are other people near me doing Ear Piercing.
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received considerable clinical evaluation but work had been limited by side effects such as facial flushing and a feeling of heaviness in the limbs.

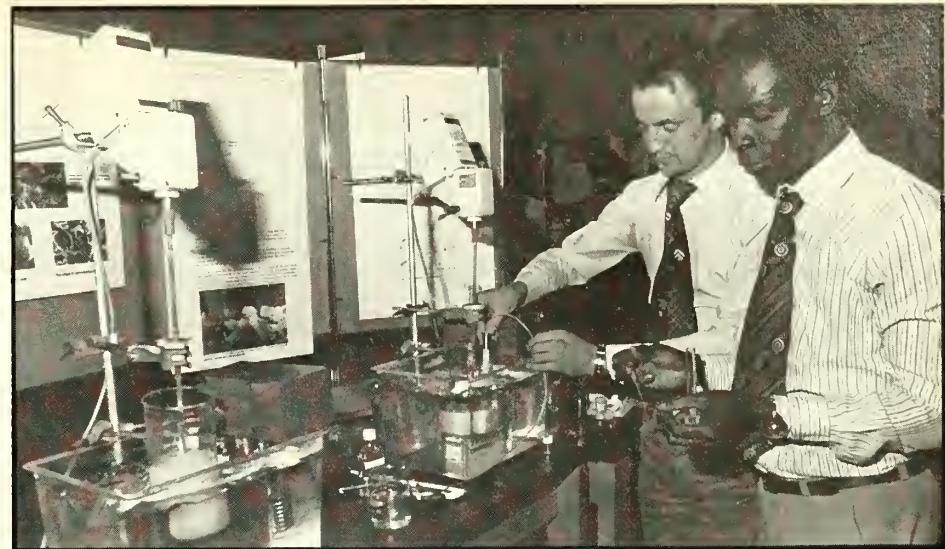
Separating effects of opiates

Dr D. G. Smyth, National Institute for Medical Research, Mill Hill, told the symposium that one of the most perplexing findings in the field of endogenous opiates is the number and variety of naturally occurring peptides that appear to possess morphine-like properties. A first criterion for these opiate ligands is that they exhibit naloxone-reversible inhibitory activity in isolated tissue preparations, and on this basis it is generally accepted that there exists a series of structurally-related peptides (endorphins and enkephalins) which occur naturally and have opiate-like properties.

Each of these peptides has a similar potency in the ileum assay and might act as a physiological opiate. In certain pharmacological tests, however, the C-fragment of lipotropin (LPH 61-91; "β-endorphin") exhibits a unique potency. For example, as an analgesic agent it is at least 300 times more active than the C-fragment (LPH 61-87), which lacks only four of the C-terminal amino acids.

A newly discovered opiate peptide, α-neo-endorphin, has been found to exhibit an outstanding potency in the guinea pig ileum; its activity is approximately 40 times that of its N-terminal pentapeptide, leucine enkephalin. This suggests that the ileum receptors complement the structure of α-neo-endorphin more fully than they do the structure of leucine enkephalin. From these results it appears that distinct populations of opiate receptors respond preferentially to different opiate ligands: the analgesic receptors to β-endorphin and the ileum receptors to α-endorphin, and it is anticipated that a third group of receptors may react preferentially to "β-neo-endorphin", the putative precursor of methionine enkephalin.

The structures of the potent opiate peptides, β-endorphin and α-neo-endorphin share a specific design: the common N-terminal tetrapeptide (Tyr.Gly.



Mr Michael Harris (left) and Mr George Agyilirah, research students at Chelsea College, giving their science demonstration

Gly.Phe) serves as an "activator core" while the contiguous sequence constitutes an "address" component. The address sequences, which distinguish the endorphins, appear to confer specificity (and potency) for their own opiate receptors. The address sequences in the potent endorphins also serve to stabilise the activator peptide against degradation.

The concept of activator and address regions in the structures of β-endorphin and α-neo-endorphin not only supports the prediction that a third potent endorphin will be found but it implies that each endorphin will have a high affinity for its complementary receptor and produce a different form of opiate activity. Moreover the hypothesis of different address regions is consistent with data demonstrating the existence of multiple opiate receptors. The evidence currently available in the field of opiate peptides points to the view that there are three functionally distinct endorphins which may act independently as potent neuro-modulators in the central nervous system.

Acupuncture explanation?

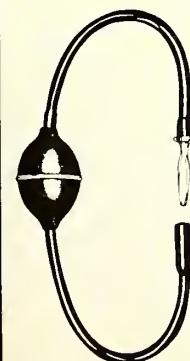
Did the research offer an explanation for acupuncture, asked Mr A. G. M. Madge during the discussion. Dr Smyth replied that no change in β-endorphin levels had been found in the blood, but later work did show changes in the

cerebrospinal fluid. Mr Milos said that the procedure was used as a test in his clinic but pain relief did not correlate with that achieved by electrical stimulation of the brain.

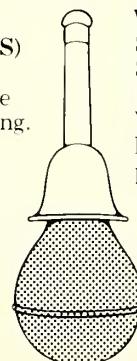
Several questioners asked about route of administration and presentation of active pain relieving substances. Dr Medcalf said his company's research programme was "on course" for oral administration. Mr Miles added that much work was being done on implantable systems in the form of a "sump" into which morphine, for example, might be injected—there was a lot to be said for delivery to the exact site. However, Dr Medcalf was concerned that this approach might "swamp" the area and the actual effect might be much more subtle.

Another question concerned placebo response. Dr Smyth said it had been shown that placebo response pain relief could be reversed by naloxone, suggesting that it may be due to the subject's own enkephalin. Mr Miles added that placebo was not responsible for reaction to electrical stimulation because the patient could tell when the battery was left out of the stimulator. Concerning potential uses, he said that the technique had only been employed for benign pain, such as low-back pain and arthritis of the hip.

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LETTERS

Further to computers

C&D is to be congratulated on the timely feature on computers (September 8, p559). Many pharmacists will have been giving thought to the use of computers, and what benefits they might bring. Over the next few years, I am sure that many will introduce computer systems, from which, the majority will derive much benefit.

I have always had a particular interest in the profession, having been born and brought up, literally over the shop of my late father, who served your profession nobly for 50 years. Likewise, one of my brothers has been in the profession for over 20 years.

As a management consultant, I have

been retained by J. & P. Head Ltd, pharmacists of Forest Row, to advise on the possible introduction of computer systems into their business. As a professional, I wish to comment on some statements and omissions from the article—"Exploring and exploding myths."

Whilst it is true that microcomputers like the Pet and the Apple II cost between £500 and £1,000, the final cost for a pharmacy is likely to be much higher (vide Pride, Unichem's in-shop computer for £3,995, and Vestric's system at a first year rental of about £3,000).

In commenting on external storage, your review does not mention:—
a) the storage capacity of a cassette (150,000 characters upwards), or of a floppy disc (200,000 characters upwards);
b) that thereby they provide greatly increased capacity for the storage of data;
c) that they retain data when removed from the machine.

Business, in general has made little use of paper tape for storage, though it has had considerable use as an input medium, produced either by an operator using a paper tape punch, or as a by-product of a typing or accounting machine operation, for example, as an invoice is typed, a linked paper tape punch prepares a tape for subsequent input to a computer.

I would not advocate a punched card reader as an alternative method of input. Punched cards have been probably the most used form of input for data processing for a great many years, till fairly recently. However, whilst they may still have a useful purpose to serve in some organisations, many former users now use other methods of input, for example, direct entry from a terminal.

Finally, the comment "As a comparison Megabyte memories are used in business computers" is misleading. A large number of businesses use a computer with a central memory of 32K or 64K. It is true to say, however, that many of those computers will have disc storage facilities ranging from one megabyte (one million characters), to 256 megabytes or more.

In the various articles there is much valuable advice. For those pharmacists beginning to consider computers, I feel it is appropriate to summarise the main points.

1. Look closely into your management systems and requirements; efficient manual systems, in any case, will be easier to transfer to a computer. As with medicine, correct diagnosis is essential before fully effective treatment can be given.
2. Plan with great care the events leading up to, and the installation itself.
3. Do not try to implement too much too quickly. Impatience to get results has been a major cause of failure.
4. Do investigate alternative suppliers for hardware and software; talk to and visit existing users.
5. Try to establish the anticipated total capital and running costs over a five year period for each machine.
6. Try to measure in financial terms the value of the benefits you expect. Then ask yourself, is it a good investment?
7. If you decide to go ahead, look at the alternative methods of financing the capital cost. If you decide to use outside finance, get quotations from more than one source, particularly if you favour leasing the equipment.
8. Lastly, and perhaps this should be first, read the opening phrase of the article on page 359.—"Selecting a computer system requires expert assistance." Don't hesitate to seek advice.

I should be happy to supply readers with a two-page summary of "Dos and don'ts" for planning a computer installation; they should write to Hugh W. Richards, Foremost Management Services, Highways House, Hartfield Road, Forest Row, East Sussex.
Hugh W. Richards

Mr Richards' price examples for the Unichem and Vestric systems, which cover dispensary and counter business,

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Pharmacy only



are correct. However, in the *C&D* review, the sentence referring to the Pet and Apple II began: "For the dispensary (labelling, prescription records, stock control and many other applications including intellectual games). . . A later sentence read: "Software often costs as much as hardware". Costs between £1,000 and £2,000 are consistent with such limited systems. As *C&D* pointed out, it is important to decide what is required of a computer before purchase.

His comments on external storage could also be misleading. We stated that discs "can store much data which can be found in records" and "they can be easily distributed by post", which, within the context of the article, surely implies the data is retained when removed from the machine—Editor.

No regrets

As I can not guarantee to spend £500 per month with them, Macarthys have now struck me off. They can not supply the counter lines I need, and therefore I am compelled to pass the bulk of my business through my local wholesaler (who serves me very well indeed). If I were to spend £500 with Macarthys I would lose 10 per cent discount from my local wholesaler. In other words, to shop with Macarthys would cost me at least £50 per month.

Macarthys started this rot in our area, and one wonders where are the ethics of which they were once so proud? The day might well come when the treatment being received by small pharmacies will cause them to close, and when all the large pharmacies will have been bought by the multiples. Those who are responsible for the policies of this company will then have a lot of time to reflect on them!

After 25 years of superb service from Macarthys I now leave them without the slightest regret.

G. W. Minshull
Clacton-on-Sea

'Unthinkable to remove disqualification order'

An application for the removal of the disqualification on Naraines (Battersea) Ltd from acting as retail pharmacists, was rejected by the Pharmaceutical Society's Statutory Committee in London this week.

The Committee also refused to direct that the company's shop in Webbs Road, Battersea, should be restored to the Register.

The chairman, Sir Gordon Willmer, said the Committee took the view that it would be unthinkable to make any order which would have the effect of removing the disqualification of the company.

The Committee recognised that this left the principal of the company, Mrs Mary Naraine, of Tankerville Road, Streatham Common, who is anxious to sell the business premises, in possible difficulties.

The penalties against the company were imposed by the Committee last September following its conviction at South Western magistrates court in December 1977, of offences under the Pharmacy and Poisons Act and Therapeutic Substances Act for which it was fined £325. In addition, Mrs Naraine was fined £125 by the court for offences under the Therapeutic Substances Act.

Mrs Naraine told the Committee that she wanted to sell the shop as a pharmacy because it would be more profitable to do so. It had been a pharmacy for 40 years and there was a great need for one in the area. But would-be purchasers were not prepared to apply for the re-registration of the shop themselves.

She said she would willingly undertake not to have anything to do with

the pharmacy or the company in the future. People were interested in running the shop in their own names.

Mr Joselyn Hill, for the Society, submitted that the Committee could not put the premises back on the Register without removing the disqualification on the company. The premises, he said, had to be re-registered in someone's name and there was no other name than that of the company.

Dealing with the question of the need of a pharmacy in this area, Mr Hill said that a Society inspector's evidence was that there were three pharmacies within a quarter of a mile. During the hearing the chairman commented that any undertaking given by Mrs Naraine would not be binding on her.

Conference banquet

Continued from p 445

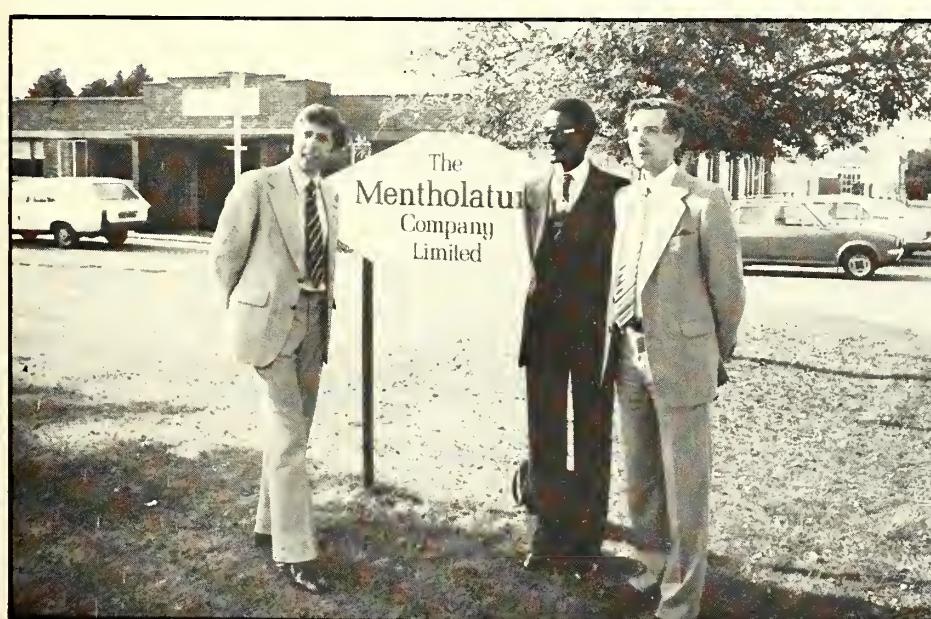
"But it must be acknowledged that each profession was looking to the Committee to accept in full the policies it was advocating," he said. "It was a situation of absolute confrontation to which no easy solution was available. Your Committee was faced with two choices; either to wind up and leave the situation as it was, satisfactory to no-one, or to seek some arrangement which would at least prevent any major changes taking place without full consideration of the effects, not only on the members of the two professions concerned, but on the essential pharmaceutical service for the public." Pharmacists were grateful for Mr Clothier's guidance which was largely responsible for the agreed outcome, he added.

More automation in retailing

Online are holding an international conference in London on October 23 and 24, with the theme "Retailing in the eighties". It will emphasise the increasing availability of automation in merchandising.

The conference has been organised primarily to publicise the growing relationship between the retailer and the computer, together with some recent advances. An international panel of speakers will discuss point-of-sale topics such as the availability of stand alone and in-store terminals, stock management in Europe and America, viewdata in retailing, and the increasing use of micro-computers for the compilation of data.

The cost of the conference will be £245 (plus VAT) which includes refreshments but not accommodation. Further details can be obtained from Online Conferences Ltd, Cleveland Road, Uxbridge UB8 2DD.



Professor Issa Lo (centre), director of pharmaceutical services, Senegal, on a recent visit to Mentholatum Co Ltd, Twyford. Also pictured are Mr T. G. Paterson (left), area sales manager and Dr K. M. Henderson, managing director, Mentholatum



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Reckitt & Colman profits down

Reckitt and Colman's profit before tax for the first half of 1979 fell to £25.21m from £31.63 in the similar period 1978. The strength of sterling, strikes in the UK and US and disappointing results from North America all contributed to the disappointing results, according to the company. The board said that the greatest problem was felt in exports especially to Nigeria and other parts of Africa. However the directors expected second half results to be better. Sales were £323.95m compared with £303.76 in 1978.

Ravina's factory at Milton Keynes

Expansion into an additional factory unit has opened the way for further rapid growth say Ravina, producers of hair decorations and fashion accessories. Said to be; "almost bursting at the seams" in its existing 11,000 sq ft factory, the company has taken over another 5,000 sq ft on the same industrial estate at Milton Keynes.

The move is expected to enable production capacity to be raised by some 50 per cent in the immediate future creating jobs for 15 to 20 more people. In the longer term it opens up more exciting opportunities for product development, says Norman Davis, Ravina's managing director.

Bowater profits

Bowater Corporation's profits before tax for the first half of 1979 were similar at £42.7m to those in the same period 1978 (£42.5m). Sales were £829.2m compared with £788.5m. The chairman, Lord Erroll, said that he expected the operating profit to continue throughout the second half. However the strengthening of sterling and imports had made the corporation's newsprint operations in the UK increasingly unprofitable.

Briefly

Evans Medical Ltd say that as from October 1, their marketing operation will be transferred to Greenford. From that date all orders and other communications should be addressed to: Evans Medical Ltd, 891 Greenford Road Greenford, Middlesex UB6 OHE 01-422 3434.

Appointments

Kodak Ltd: Two new Kodak sales centre manager of the Kodak southern sales land and the south of England respectively. Peter Hastie takes over as manager of the Kodak Scottish sales centre in Glasgow and James Walker is the new manager of the Kodak southern sales centre in High Holborn, London.

Dearer botanicals

London, September 19: Interest was lacking in all sectors of the market during the week. Botanicals which have been firming up over the past month or so were again marked up and can be expected to continue rising since the changes were made before the value of sterling dipped at the end of the week.

Last week's rise in natural camphor was not maintained on the spot; menthol was unchanged. Higher in botanicals were aloes, balsams, belladonna, cascara, gentian and henbane.

Among essential oils spot eucalyptus and Brazilian peppermint are quoted lower than shipment rates. Considerably firmer on the spot are bois de rose and petitgrain because origin are not offering.

Pharmaceutical chemicals

Acetic acid: 4-ton lots, per metric ton delivered—Glacial BPC £345; 99.5 per cent £331; 80 per cent grade pure £300; technical £282.

Aluminium chloride: Pure crystals in 50-kg lots £1.23 kg.

Benzoic acid: BP in 500-kg lots, £0.8382 kg.

Biotin: Crystals £7.15 per g; £5.90 in 5-g lots.

Borax: EP grade, 2-4 ton lots per metric ton in paper bags, delivered—granular £239; powder £260; extra fine powder £272.

Boric acid: EP grade per metric ton in 2-4 ton lots—granular £369; powder £395.

Bromides: Crystals £ per metric ton.

Under 50-kg	250-kg	1,000-kg
Ammonium	896	896
Potassium	895	895
Sodium	926	886

Chloral hydrate: 50-kg lots £1.86 kg.

Chloramphenicol: BP73 £22.50 kg in 500-kg lots.

Choline: (500 kg lots) bitartrate £2.41 kg; dihydrogen citrate £2.40.

Formic acid: per metric ton delivered in 4-ton lots, 98 per cent £331.50; 85 per cent £278.

Glucose: (Per metric ton in 10-ton lots)—monohydrate £225 anhydrous £550; liquid 43° Baume £234 (5-drum lots); naked 18-tons £187.

Glycerin: In 250 kg returnable drums £695 metric ton in 5-ton lots; £700 in 2-ton lots.

Hypophosphorous acid: (Per metric ton in 50-kg lots). Pure 50 per cent £425. BPC (30 per cent) £305.34.

Lignocaine: (25-kg) base £11.07 kg; hydrochloride £11.17.

Magnesium carbonate: BP per metric ton—heavy £590, light £580.

Magnesium chloride: BP crystals £0.83 kg for 50-kg lots.

Magnesium dihydrogen phosphate: Pure £2.29 kg in 50-kg lots.

Magnesium hydroxide: (metric ton) BPC light £1,540; 28 per cent paste £470.

Magnesium oxide: BP per metric ton, heavy £1,350; light £1,540.

Magnesium sulphate: BP £131-£136 metric ton; commercial £118.50, excised BP £262.

Magnesium trisilicate: £0.90 kg in minimum 1,000-kg lot.

Oxalic acid: Recrystallised £1.39 kg for 50-kg lots.

Paraffin liquid: Pence per litre excluding duty:

BP/BPC grades	1-9 drums	10 drums	bulk
WA4	47.0	45.7	39.8
WA3	45.9	44.6	38.7
WA2	47.7	46.3	40.5
WA1	51.7	50.3	44.5
light technical WA23	44.2	42.8	37.0
WA21	46.1	44.7	38.9

Sodium acetate: BP crystals £0.94 kg in 50-kg.

Sodium acid phosphate: BP crystals £1.19-£1.34 kg as to source for 50-kg lots.

Sodium benzoate: £0.6347 kg 500-kg lots.

Sodium bicarbonate: BP from £107.24 metric ton as to grade in minimum, 10-ton lots delivered UK.

Sodium carbonate: Anhydrous £460 per metric ton.

Sodium chloride: Vacuum-dried in ton lots £31.52-£33.08 metric ton as to packing, delivered London.

Sodium citrate: Granular £797 metric ton; powder £817.

Sodium fluoride: in 50-kg lots £2.43 kg.

Sodium gluconate: Technical £756 metric ton.

Sodium hydroxide: Pellets BP 1973 in 50-kg lots £0.82-£0.93 kg.

Sodium nitrate: Recrystallised £0.84 kg for 50-kg lots.

Sodium nitrite: BPC 1973 £0.90-£1.18 kg as to maker for 50-kg lots.

Sodium perborate: (per 1,000 kg) monohydrate £584; tetrahydrate £346.

Sodium percarbonate: £457 per metric ton.

Sodium phosphate: monobasic BP crystalline £1.19 kg in 50-kg lots.

Sodium sulphate: Fine crystals BP £87.80 per metric ton, pea crystals £107.30; commercial £37.60 ex works.

Sodium sulphite: Crystals £0.1655 kg (500 kg minimum).

Sodium thiosulphate: photo grade £187 per metric ton; £174.50 ton in 4-ton lots.

Tetracycline: Hydrochloride £16.50 kg; oxytetracycline £18.50 in 250-500-kg lots.

Claude drugs

Aloes: Cape £1,075 ton spot; £1,070, cif, Curacao nominally £2,215 cif, no spot.

Balsams: (kg) Canada £12.65 on the spot shipment dearer at £12.80, cif. Copaiba £3.10 spot £2.90 cif, Peru: No spot £9.55, cif. Tolu: £6.10 spot.

Benzoin: £194 cwt, cif.

Camphor: Natural powder £5.50; kg spot £5.20, cif. Synthetic 99% £1.35 spot; 94% £1.15; no cif offers from China.

Cardamom: Alleppey green No. 2 £9 kg, cif.

Cascara: £1,160 metric ton spot; £1,010, cif.

Cherry bark: Spot £1,120 metric ton; shipment £1,010, cif.

Cinnamon: Seychelles bark £480 metric ton spot: £400, cif. Ceylon quills 4 o's £0.57½ lb, featherings £0.18½ lb both, cif.

Gentian root: £1,945 metric ton spot; £1,775, cif.

Ginger: Cochin £430 metric ton spot shipment £415, cif. Other sources not quoted.

Henbane: Niger £1,380 metric ton spot; £1,340, cif.

Liquorice root: Chinese £565 metric ton spot £535, cif. Block juice £1.63-£1.90 kg spot.

Lobelia: American nominal. European £1,700, metric ton, cif.

Pepper: (metric ton) Sarawak black £1,015 spot, £1,975 cif; white £1,430 spot; £2,875, cif.

Seeds: (metric ton, cif) **Anise:** China £815 for shipment. **Celery:** Indian £465. **Coriander:** Moroccan £210. **Cumin:** Indian £820; Turkish £760. **Fennel:** Indian £440. **Fenugreek:** Moroccan £295; Indian £245.

Turmeric: Madras finger £650 metric ton spot; £505, cif.

Essential oils

Bos de rose: Spot £7 kg; shipment not offering.

Buchu: South African £125 per kg spot; English distilled £185.

Camphor: White £0.85 kg spot; £0.80, cif.

Cardamom: English-distilled £250 kg.

Cinnamon: Ceylon leaf £2.45 kg spot; £2.38, cif. bark. English-distilled £155.

Eucalyptus: Chinese £1.75 kg spot; £1.75, cif.

Peppermint: (kg) Arvensis—Brazilian £4.20 spot; £4.25, cif. Chinese £3.10 spot; £3, cif. Piperata-American from £14.25 spot; £13.75, cif.

Petitgrain: Paraguay £6.50 kg spot; no cif.

Thyme: Red 55% £18-£19 kg spot.

Vetivert: Chinese £20 kg spot; £19.80, cif. Java £16.50 spot and cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Wednesday, September 26

Western Pharmacists' Association, Great Western Royal Hotel, Praed Street, London W2 at 7 pm. Mr E. A. Hensen on "Business efficiency—delusions and realities".

Chemist & Druggist Chemists Assistant of the Year Competition. North East regional final, Europa Lodge Hotel, Wallsend at 5.30 pm. (Organised by Hall Forster & Co Ltd.)

Thursday, September 27

Bedfordshire Branch, Pharmaceutical Society, Medical centre, Luton and Dunstable Hospital at 8 pm. Dr A. T. Willis (director of public health) on "Metronidazole in anaerobic infections".

Chemist & Druggist Chemists Assistant of the Year Competition. West Yorkshire regional final, Victoria Hotel, Bradford, at 5.30 pm. (Organised by Bradford Chemists Alliance Ltd.)

Advance information

One-day Ostomy Course, National Pharmaceutical Association, October 11, Postgraduate medical centre, Lincoln County Hospital, Sewell Road, Lincoln, 10 am to 4pm. Conducted by Abbott Laboratories Ltd. Applications (£10.35) as soon as possible to training department, NPA Ltd, Mallinson House, 40 St Peter's Street, St Albans, Herts AL1 3NP.

Manpower in Pharmacy, South East Region, Pharmaceutical Society, November 18, 1 Lambeth High Street, London SE1, at 10.30 am. Speakers include Dr Fish (dean of School of Pharmacy), Mr David Knowles (area pharmacist), Mr J. Bannerman (member of Society's Council), and Mr Alan Smith (chief executive, PSNC). Further details from Dr C. Duncan, Haymarket Publishing Ltd, 76 Dean Street, London W1A 1BU.

National Association of Women Pharmacists

Weekend School, April 11-13, UNWIST, Redwood Building, King Edward VII Avenue, Cardiff. Applications (£34 plus £1 registration) and inquiries to Mrs C. Lloyd, 7 Brynwyn Road, Cardiff CF2 6PQ (0222 753515).

Chemist & Druggist 451



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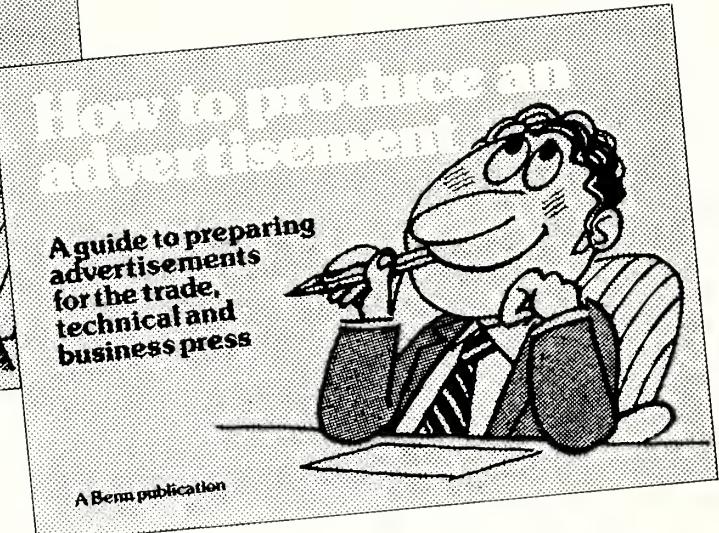
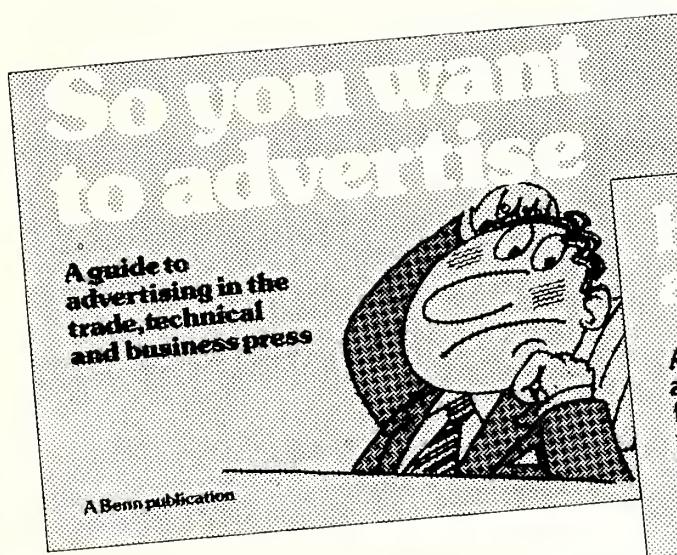
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